



PROVIDER ENROLLMENT TRAINING GUIDE

ENROLL & MANAGE INDIVIDUAL / SOLE PROPRIETOR



REVISION SHEET

Revision Level	Date	Description	Change Summary	Changed By
1	03/24/2008	Initial Release		



TABLE OF CONTENTS

GENERAL INFORMATION	6
GENERAL SYSTEM OVERVIEW	6
WARNING NOTICE	6
CHAMPS HOTLINE INFORMATION	6
ORGANIZATION OF THE TRAINING GUIDE	6
CHAMPS SYSTEM FEATURES	7
CLOSING PAGES AND WINDOWS	7
BUSINESS PROCESS WIZARD	8
MY INBOX	9
FILTER BY	10
LINKS MENU	11
PATH	12
LESSON 1 – ACCESS CHAMPS VIA SSO	15
INTRODUCTION	15
LESSON OBJECTIVES	15
LESSON TOPICS	15
MDCH SSO WEBPAGE	16
SUBSCRIBE TO CHAMPS	17
ACCESSING CHAMPS	19
LESSON 2 – PROVIDER TAB OVERVIEW	22
INTRODUCTION	22
LESSON OBJECTIVES	22
LESSON TOPICS	22
THE PROVIDER TAB	23
THE PROVIDER ENROLLMENT HYPERLINK	24
LESSON 3 – ENROLL AS INDIVIDUAL / SOLE PROPRIETOR	26
INTRODUCTION	26
LESSON OBJECTIVES	26
LESSON TOPICS	27
BEGIN ENROLLMENT	28
LOCATION INFORMATION	32
SPECIALTIES AND SUBSPECIALTIES	38



BILLING PROVIDER	42
LICENSES AND CERTIFICATIONS	45
MODE OF CLAIM SUBMISSION	48
MODE OF CLAIM SUBMISSION DESCRIPTIONS	50
BILLING AGENT	52
OWNERSHIP	56
TAXONOMY	61
ENROLLMENT CHECKLIST	65
MODIFY APPLICATION IN PROCESS	68
SUBMIT APPLICATION	71
<u>LESSON 4 – MANAGE PROVIDER RECORD</u>	<u>76</u>
INTRODUCTION	76
LESSON OBJECTIVES	76
LESSON TOPICS	76
SELECTING A DOMAIN	77
PROVIDER PORTAL OVERVIEW	80
TRACK APPLICATION	81
MANAGE PROVIDER INFORMATION	82
INITIATE NEW ENROLLMENT	83
MAINTAIN USERS	84
MANAGE PROVIDER RECORD	85
SUBMIT MODIFICATION REQUEST	87
<u>APPENDIX A – ACRONYMS AND ABBREVIATIONS</u>	<u>94</u>
<u>CHAMPS HOTLINE INFORMATION</u>	<u>95</u>



GENERAL INFORMATION



GENERAL INFORMATION

GENERAL SYSTEM OVERVIEW

CHAMPS is the Community Health Automated Medicaid Processing System. It is the Michigan Department of Community Health's (MDCH) Medicaid Management Information System (MMIS). CHAMPS provides a secure web portal accessible to a wide range of users, including direct provider access.

The Provider Enrollment portion of CHAMPS will address the following:

- Accessing CHAMPS using the MDCH Single Sign-On web page
- Enrolling as a Billing Agent
- Managing Provider Records to make changes after approval of enrollment

Warning Notice

CHAMPS contains Electronic Protected Health Information (ePHI). All Protected Health Information (PHI), in any format, must only be used or disclosed as permitted by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable state and federal confidentiality laws.

Unauthorized or improper use of this information may result in disciplinary action up to and including termination. MDCH reserves the right to pursue civil or criminal penalties which may include notifying law enforcement officials and regulatory accreditation and licensure organizations.

The HIPAA Security Rule requires standards to assure the confidentiality of ePHI. Data that is downloaded should be saved to the network, not your C:drive (hard drive). ePHI data that is transferred should be encrypted using MDCH standards.

CHAMPS Hotline Information

Please direct any questions or concerns about CHAMPS to the CHAMPS Hotline.

- Phone – 1-888-643-2408
- E-mail – CHAMPS@michigan.gov

Organization of the Training Guide

This Training Guide covers the following Lessons:






1. Lesson 1 – Access CHAMPS via Single Sign-On (SSO)
2. Lesson 2 – Provider Tab Overview



3. Lesson 3 – Enroll as a Billing Agent
4. Lesson 4 – Manage Provider Record
5. Appendix A – Acronyms and Abbreviations

CHAMPS System Features

Closing Pages and Windows

NOTE: When you need to exit or close web pages or windows in CHAMPS, **ALWAYS** use the , , or any other button available. Do **NOT** use the  button located in the upper-right corner of your page, as this will cause the buttons in CHAMPS to become inactive. If the  button is clicked on accident, press the  key on your keyboard to refresh the screen.



Business Process Wizard

The CHAMPS Business Process Wizard (BPW) is the nerve center of the Provider Enrollment application. Based on Enrollment Types, the Business Process Wizard will provide required and optional steps needed to complete and submit an enrollment application to the Michigan Department of Community Health (MDCH). The Business Process Wizard will label steps as either Required or Optional. It will also display the date each step was started and completed. The Step Remarks column displays system generated messages with information about what is required based on the enrollment application actions.

Close

Enroll Provider - Individual:

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

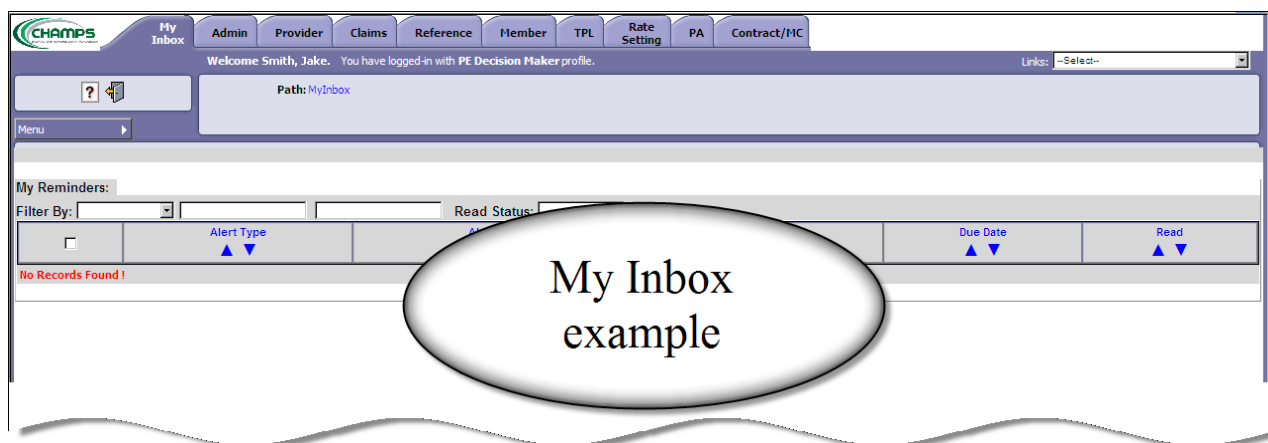
Step	Required	Start Date	Status	Step Remark
Step 1: Provider Basic Information				
Step 2: Add Locations				
Step 3: Add Specialties				
Step 4: Associate Billing Provider				
Step 5: Add Licenses and Certifications				
Step 6: Add Mode of Claim Submission				
Step 7: Associate Billing Agent				
Step 8: Add Ownership Details				
Step 9: Add Taxonomy Details				
Step 10: Complete Enrollment Checklist	Required		Complete	
Step 11: Submit Enrollment Application for Approval	Required	01/16/2008	Incomplete	Enrollment Application has not been Submitted.

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS



My Inbox

The My Inbox page is accessed by clicking the My Inbox tab at the top of the CHAMPS web application. Just as the name implies, your My Inbox page will display incoming messages transmitted from within CHAMPS. You might also see notifications about your enrollment application here.



Hyperlinks, Buttons, and Dropdowns

Hyperlinks, buttons, and dropdowns appear throughout CHAMPS and can be used for several purposes. Hyperlinks and buttons are most often used for navigating between pages in CHAMPS.

Hyperlinks will have blue text and are usually underlined. Clicking on a hyperlink will take you to the page. For example, when you click the Complete Enrollment Checklist hyperlink in the Business Process Wizard, CHAMPS will take you to the Enrollment Checklist page.

Buttons can have more than one function. For example, clicking the **Submit** or **Next** button will take you to the next stage of a process. Clicking the **Finish**, **OK**, or **Close** buttons will generally close the page you are on. And clicking the **Save** button will save the information on the page.

Drop-down lists will provide you with options to choose. For example, you could see something simple like “Yes” or “No” choices in a drop-down list. Other drop-down lists will display search choices. A drop-down list may also be used as a way of compressing a list of hyperlink options for a user to use as a navigation tool.


Filter By

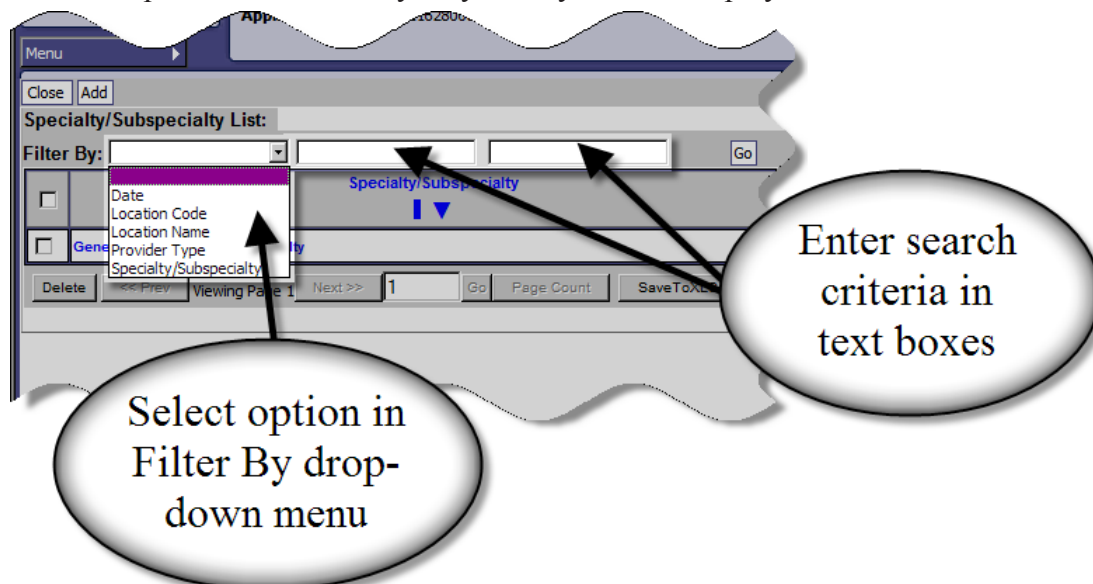
When you access a page in CHAMPS that shows you a list (for example, a list of Specialties/Subspecialties), you have the ability to search for specific items in that list.

The Filter By function provides you with a drop-down list of choices that you combine with text fields to narrow the number of records returned. Each time you select an option in a Filter By field, you need to enter text in the appropriate text box. For example, if you want to Filter By “Date,” you would put specific beginning and end dates in the following text boxes.

NOTE: All dates in CHAMPS must be entered using the **MM/DD/YYYY** format.

You also have the ability to use a wildcard in your search criteria. This means that you can enter a partial word or value in the text box and follow it with a percent sign (%) to retrieve the records that match the partial word. Because lists often have some kind of default filter on them, you can also use the percent sign (%) by itself to bypass the default filter or to indicate you want to see all of the records that meet your selected Filter By option.

After using the Filter By drop-down menu and entering search criteria in the text boxes, you can click the [Go](#) button on the screen or press the  key on your keyboard to display the filtered list.



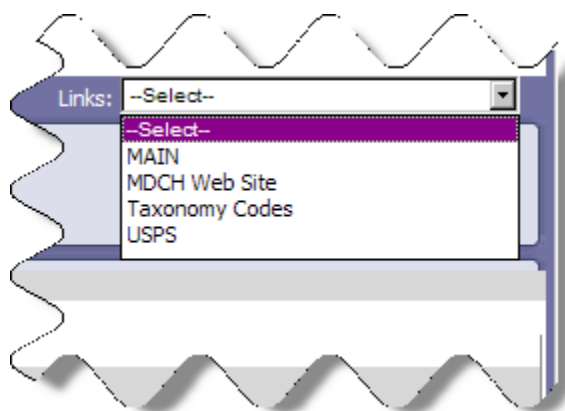


Address Standardization

CHAMPS uses software to standardize addresses entered into the CHAMPS system. This software also verifies that addresses are valid. If CHAMPS is unable to validate an address during enrollment or revalidation, verify the address at the United States Postal Service (USPS) website for the correct format and zip code. The address must appear in CHAMPS exactly as it does in the USPS database.

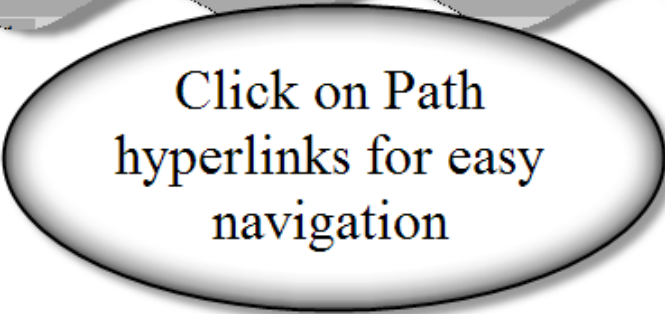
Links Menu

The Links Menu is a drop-down menu providing you with external Internet links that are frequently used in the application process.




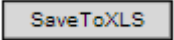
Links Menu
example

Near the top of the CHAMPS web pages you will see a hyperlinked path which shows where you are and the path you took to get there. At any time you have the ability to click on any of the hyperlinks in the path to return to that area.

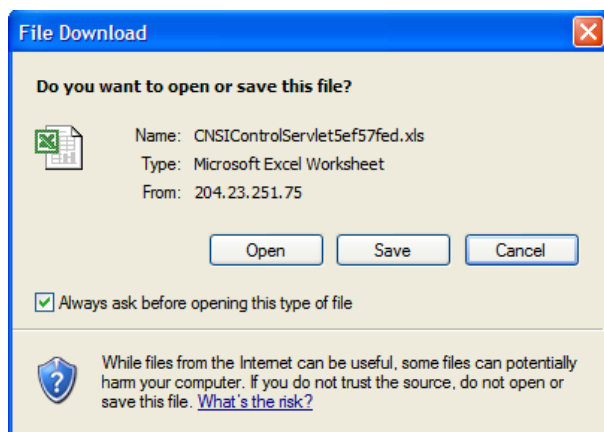




Save to XLS

CHAMPS provides you with the ability to save data to an Excel spreadsheet. Click the  button on screen to export data. You will need to disable (turn off) the pop-up blocker in your Internet browser and enable (turn on) the automatic prompting for file downloads to get the Save to XLS function to work. When you click the  button, you should select the **Open** option. You can then, if needed, save the file from the open spreadsheet.

Warning Notice: *The downloaded file may contain Electronic Protected Health Information (ePHI). All Protected Health Information (PHI), in any format, must only be used or disclosed as permitted by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable state and federal confidentiality laws.*



File Download
example



LESSON 1 – ACCESS CHAMPS VIA SINGLE SIGN-ON (SSO)



LESSON 1 – ACCESS CHAMPS VIA SSO

Introduction

The CHAMPS Web Application resides within the Michigan Department of Community Health (MDCH) Single Sign-On (SSO) website. In order to access CHAMPS, you will need to have a valid SSO account.

Lesson Objectives

In this lesson, you will follow the steps required to log into and access CHAMPS. You will:

- Use the MDCH SSO webpage to subscribe to CHAMPS
- Access CHAMPS after receiving subscription approval

Lesson Topics

- Topic A – MDCH SSO Webpage
- Topic B – Subscribe to CHAMPS
- Topic C – Accessing CHAMPS



TOPIC A

MDCH SSO Webpage

To log into CHAMPS, you will need to do the following:

1. Enter the MDCH SSO URL into your Internet browser: <https://sso.state.mi.gov>

You will see the login page:

Department of
MDCH Community Health

Michigan.gov
An Official State of Michigan Webpage

User ID

Password

* If you do not have a User ID, please click

[I forgot my Password](#)

NOTE: If you are a first time user, you will need to click the button to obtain a User ID and Password. You will then need to follow the steps to create an SSO account (detailed SSO Instructions are available on the MDCH website).

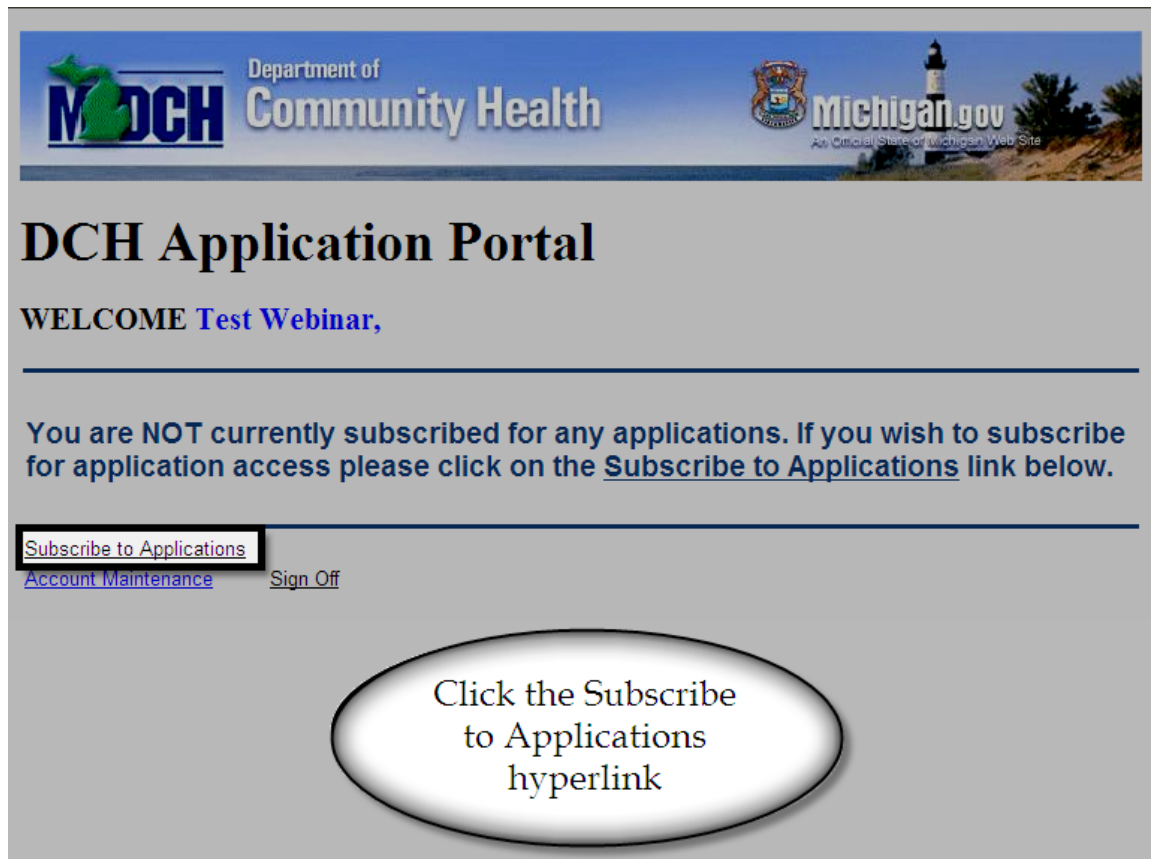
2. Enter your User ID and Password in the appropriate fields and click the button.



TOPIC B

Subscribe to CHAMPS

1. After you have logged into the SSO website, click the Subscribe to Applications hyperlink.





2. You will see a Subscription page. From the drop-down menus, select DCH – CHAMPS from the first drop-down menu and CHAMPS from the second drop-down menu.

MDCH Department of Community Health

Michigan.gov

SUBSCRIPTION

Please Select from the list

DCH - CHAMPS CHAMPS

Next Back

Copyright © 2002 State Of Michigan, Department of Community Health. All rights reserved

Select DCH-CHAMPS
and CHAMPS from drop-
down menus

3. Click the **Next** button. You will receive a message indicating your request is in review.

Your subscription for access to the CHAMPS application should be processed instantly. You will need to log out of the SSO webpage and then log back in. The link will then be available.



TOPIC C

Accessing CHAMPS

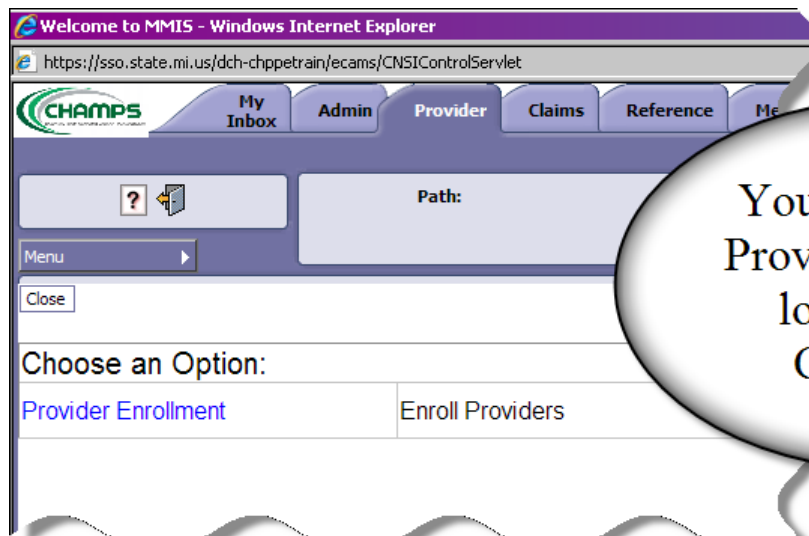
Once your request to access CHAMPS has been approved, you will see the application hyperlink on the MDCH Application Portal web page after you log into the SSO website.

1. Click on the CHAMPS hyperlink.





2. You will see the Provider tab and the available options.



You will see the
Provider tab after
logging into
CHAMPS



LESSON 2 – PROVIDER TAB OVERVIEW



LESSON 2 – PROVIDER TAB OVERVIEW

Introduction

The Provider Tab on the CHAMPS Webpage gives you options for interacting with Provider enrollment applications and Provider Records. Please note that you may not have privileges in CHAMPS to access all of the options described in this lesson.

Lesson Objectives

In this lesson, you will become familiar with the Provider Tab on the CHAMPS Webpage. You will:

- Access the Provider Tab
- Access the Provider Enrollment hyperlink

Lesson Topics

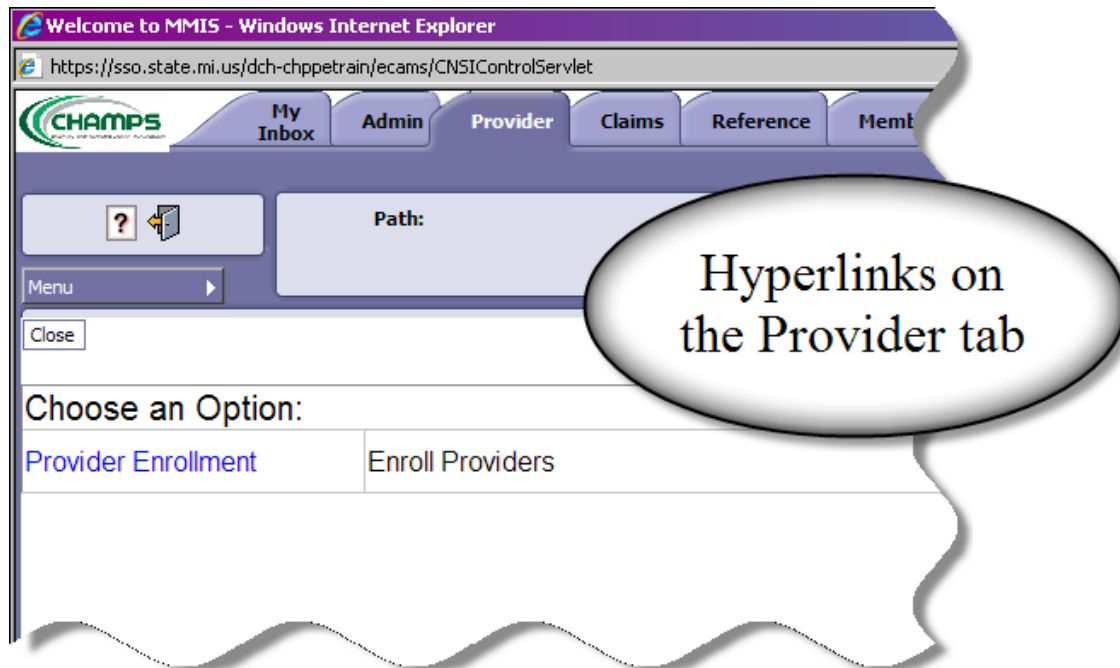
- Topic A – The Provider Tab
- Topic B – The Provider Enrollment Hyperlink



TOPIC A

The Provider Tab

When you click the tab labeled Provider, you will see a page with hyperlinks on it.

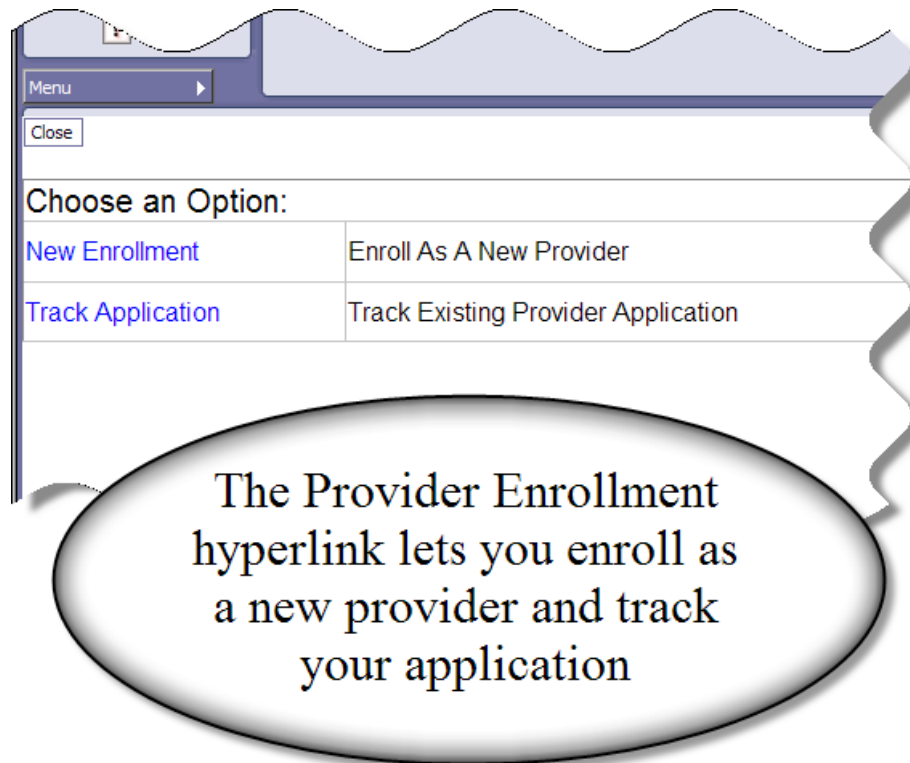


- Clicking the hyperlink labeled **Provider Enrollment** gives you options to begin a new application or track an existing application.

TOPIC B

The Provider Enrollment Hyperlink

Clicking the Provider Enrollment hyperlink takes you to a page with two (2) hyperlinks on it.



- Click the **New Enrollment** hyperlink to start the enrollment process as a new provider.
- The **Track Application** hyperlink allows you to modify an enrollment application before it is submitted. You will need your Application ID number to use this function. Applications have to be submitted within thirty (30) calendar days of their start date or they are deleted from the staging area.



LESSON 3 – ENROLL AS INDIVIDUAL / SOLE PROPRIETOR



LESSON 3 – ENROLL AS INDIVIDUAL / SOLE PROPRIETOR

Introduction

An Individual / Sole Proprietor is a provider that owns his or her own practice. The provider will receive payments directly from MDCH for services rendered at their practice. An Individual / Sole Proprietor may associate to other entities and Rendering / Servicing providers may associate to an Individual / Sole Proprietor.

Lesson Objectives

In this lesson, you will learn how to enroll as an Individual / Sole Proprietor. You will:

- Begin the enrollment process
- Add Basic Provider Information
- Add Location Information
- Add Specialties and Subspecialties
- Associate a Billing Provider
- Add Licenses and Certifications
- Add Mode(s) of Claim Submission
- Associate a Billing Agent
- Add Ownership details
- Add Taxonomy details
- Complete the Enrollment Checklist
- Modify an application prior to submitting
- Submit the Enrollment Application



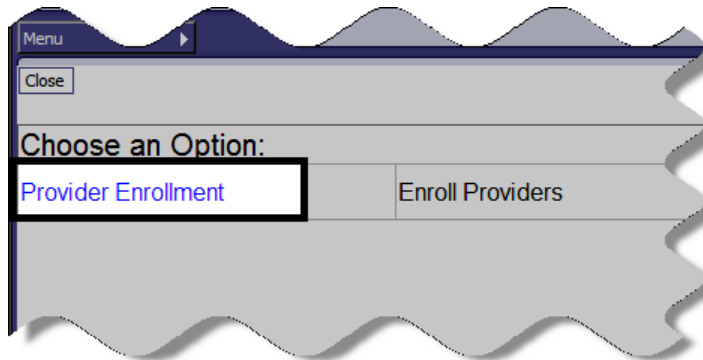
Lesson Topics

- Topic A – Begin Enrollment
- Topic B – Location Information
- Topic C – Specialties and Subspecialties
- Topic D – Billing Provider
- Topic E – Licenses and Certifications
- Topic F – Mode of Claim Submission
- Topic G – Associate Billing Agent
- Topic H – Ownership
- Topic I – Taxonomy
- Topic J – Enrollment Checklist
- Topic K – Modify Application in Process
- Topic L – Submit Application

TOPIC A

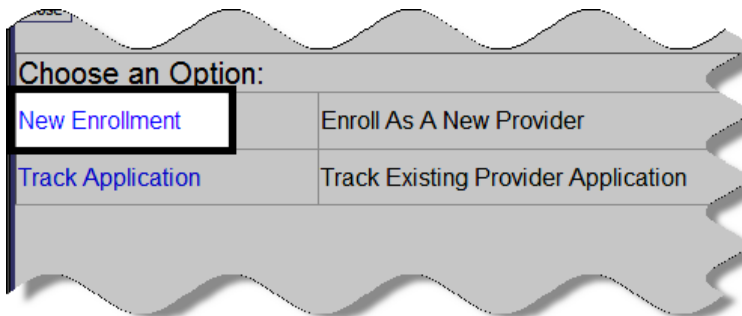
Begin Enrollment

1. From the Provider tab, click the Provider Enrollment hyperlink.



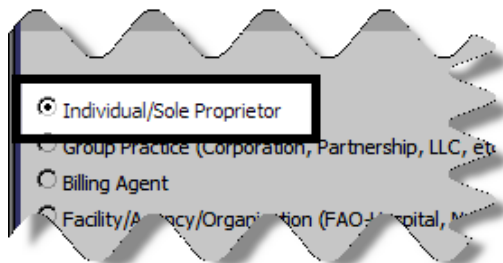
Click Provider
Enrollment
hyperlink

2. Click the New Enrollment hyperlink to begin a new enrollment application.



Click New
Enrollment
hyperlink

3. You will see the Enrollment Type selection page. Select Individual/Sole Proprietor.



Select
Individual/Sole
Proprietor



4. Click the **Submit** button.
5. You will see the Basic Information page. Complete the required fields, which are marked with an asterisk (*) and any desired optional fields.

Basic Information: Enter required fields and click Confirm button

EIN/TIN:

First Name: * Middle Initial:

Last Name: *

Suffix: Gender:

SSN: *

Date of Birth: *

Provider Class:

Applicant Type: Individual/Sole Proprietor *

NPI: *

Contact Email Address:

Confirm Finish Cancel

Page ID: dlgAddBasicInformationStep1(Provider)

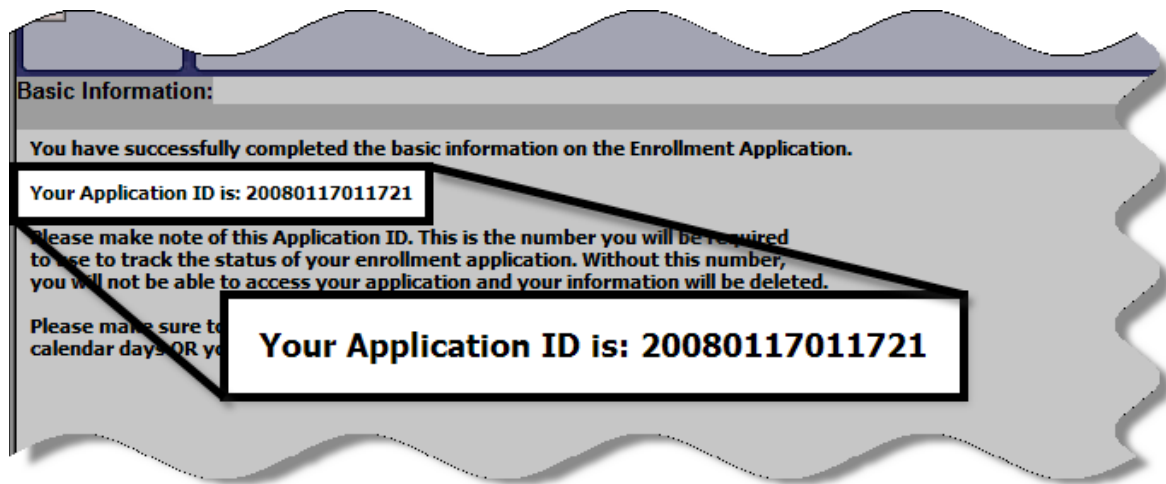
Done Internet 100%

NOTE: You need to select Individual/Sole Proprietor in the Applicant Type drop-down list.

6. Click the **Confirm** button. CHAMPS will validate the information you entered.

NOTE: If you click the Confirm button without filling in all of the required fields, you will receive an error message.

7. Click the button.
8. CHAMPS creates an Application ID. Record the Application ID number, as you will need this number to track your application. Click the button to close the window.



Record the
Application ID
number



9. The Business Process Wizard page appears with Step 1: Provider Basic Information now marked with a status of Complete. If it not complete, click the Step 1: Provider Basic Information hyperlink and finish entering details.

Enroll Provider - Inc

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under

Step	Required	Start Date	End Date	Status
Step 1: Provider Basic Information	Required	01/17/2008	01/17/2008	Complete
Step 2: Add Locations	Required			Incomplete
Step 3: Add Specialties				Incomplete

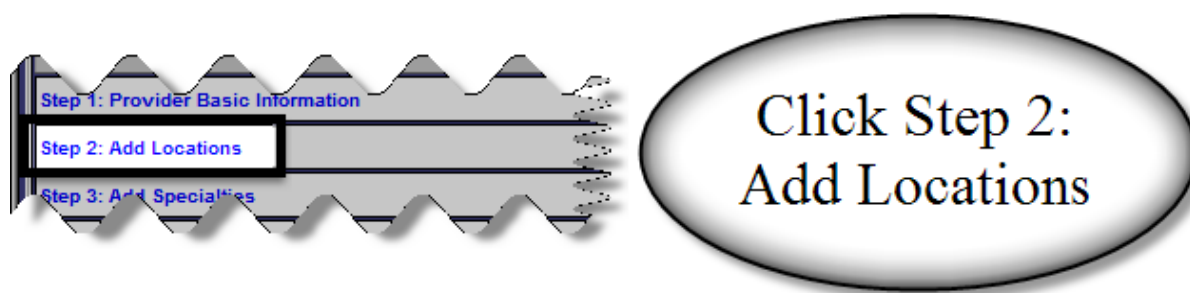
Step 1: Provider Basic
Information marked
complete


TOPIC B

Location Information

Now that you have added your Basic Information, you need to add your Location Information. To add your Location Information, you need to do the following:

1. From the Business Process Wizard, click the Step 2: Add Locations hyperlink.



2. You will see the Add Locations page. Click the  button at the top of the page.

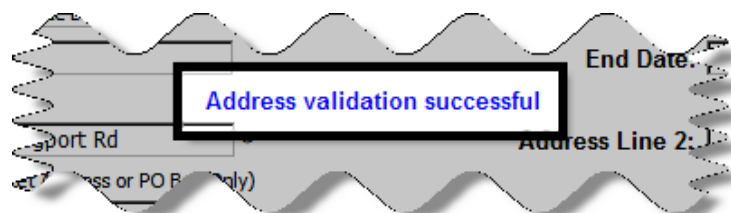


- You will see the Add Provider Location page. For the Primary Practice Location, enter the address in the Address Line 1 field and fill in the Zip Code field. Click the **Validate Address** button next to the Zip Code field.

The screenshot shows the 'Add Provider Location' form. A callout bubble with the text 'Complete Address Line 1 and Zip Code fields, click Validate Address button' has arrows pointing to the 'Address Line 1' field, the 'Zip Code' field, and the 'Validate Address' button. The form includes fields for Location Type (Primary Practice Location), Doing Business As, Address Line 1, Address Line 2, Address Line 3, State/Province, Country (United States), End Date, City/Town, County, Zip Code, Phone Number, Email Address, Web Page, and Language(s) Spoken (English, Arabic, Chinese).


NOTE: You cannot use a P.O. Box for a Primary Practice Location.

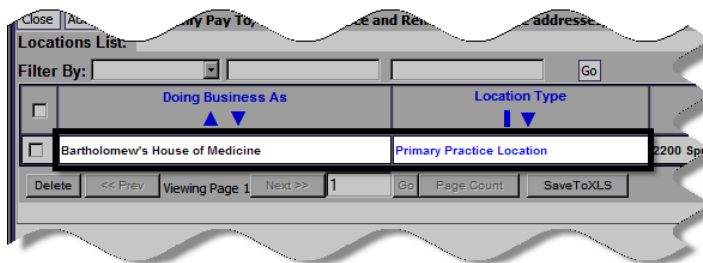
If CHAMPS recognizes the address, you will see a message appear in the middle of the page indicating "Address validation successful." CHAMPS will also automatically format the address and zip code as well as populate the City/Town, State, County, and Country fields according to USPS standards.



4. You need to complete the remaining required fields (marked with an asterisk) and any desired optional fields.

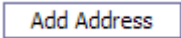
NOTE: The End Date field at the top of the screen will default to 12/31/2999 if nothing is entered. Also, if you choose Email as your Communication Preference, the Email Address field becomes required by default.

5. Click the  button at the bottom of the page.
6. You will be returned to the Add Location Details page where the Location address you just added will now appear as a hyperlink labeled “Primary Practice Location.” To add Correspondence, Pay-To, or Remittance Advice addresses to your Primary Practice Location, you need to click on the Location Type hyperlink.



Click Location Type
hyperlink to add
other address types

NOTE: All Primary Practice Locations MUST have a Pay To and Correspondence address identified. All Other Servicing Locations MUST have a Correspondence address identified. The Pay-to Address applies to all Locations under a single tax ID. The Pay-to address will be pre-populated if the tax ID is already associated with another enrollment. Remittance Advice address is optional for Individual/Sole Proprietor provider types.

7. Clicking the Location Type hyperlink will display the Location Details page. Click the  button near the bottom of the page.



8. The Add Provider Location Address page will appear. Select an option from the Type of Address: drop-down menu.

er Location Address

Type of Address: --SELECT--

Location Address: --SELECT--

Address Line 1: (Enter Street Address or P.O. Box Or

Address Line 3:

Province: []

Select Address
Type from drop-
down menu

9. If the address type is the same as the Primary Practice Location address, simply select the Copy This Location Address option. CHAMPS will auto-populate the address fields to match the Primary Practice Location.

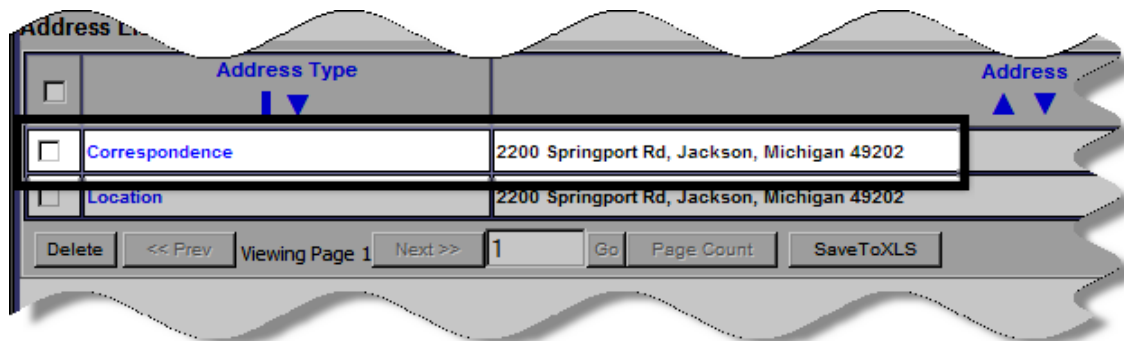
Type of Address: Copy This Location Address

Location Address: Copy This Location Address

Address Line 1: 2200 Springport Rd

Select Copy This
Location Address if
same as Primary
Practice

10. If the Address type is NOT the same as the Primary Practice Location address, fill in the Address Line 1 field and Zip Code field and click the **Validate Address** button.
11. When CHAMPS validates the address, click the **OK** button to return to the Location Details Page. Notice the address has been added under the Address List at the bottom of the page.



	Address Type	Address
<input type="checkbox"/>	Correspondence	2200 Springport Rd, Jackson, Michigan 49202
<input type="checkbox"/>	Location	2200 Springport Rd, Jackson, Michigan 49202

New Address
Type added

12. Click the **Add Address** button and repeat the steps above to add additional locations.
13. If you make changes to the Locations Details at the top of the page, click the **Save** button to save the changes.
14. Click the **Close** button at the top of the page to return to the Locations List page.
15. When you have finished adding location addresses, click the **Close** button on the Locations List page to return to the Business Process Wizard.



16. The status for Step 2: Add Locations will be marked as Complete. If it is not complete, click the Step 2: Add Locations hyperlink to finish entering details.

Step	Required	Start Date	End Date	Status	Step 1
Step 1: Provider Basic Information	Required	01/23/2008	01/23/2008	Complete	
Step 2: Add Locations	Required	01/23/2008	01/23/2008	Complete	
Step 3: Add Specialties	Required			Incomplete	

Step 2: Add
Locations marked
Complete

TOPIC C

Specialties and Subspecialties

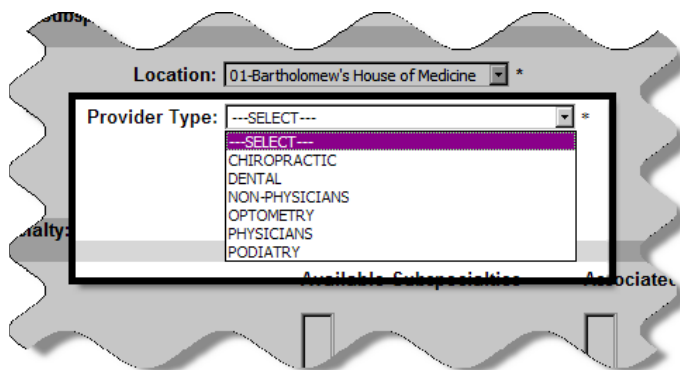
After completing the Add Locations step, you now need to add Specialties and Subspecialties.

1. Click the Step 3: Add Specialties hyperlink.



Click Step 3:
Add Specialties

2. You will see the Specialty / Subspecialty List page. Click the button near the top of the page to add a specialty.
3. Click the Provider Type drop-down list and select an option. The Specialty drop-down list will automatically populate with choices based on the Provider Type selected.



Select Provider
Type from
drop-down list




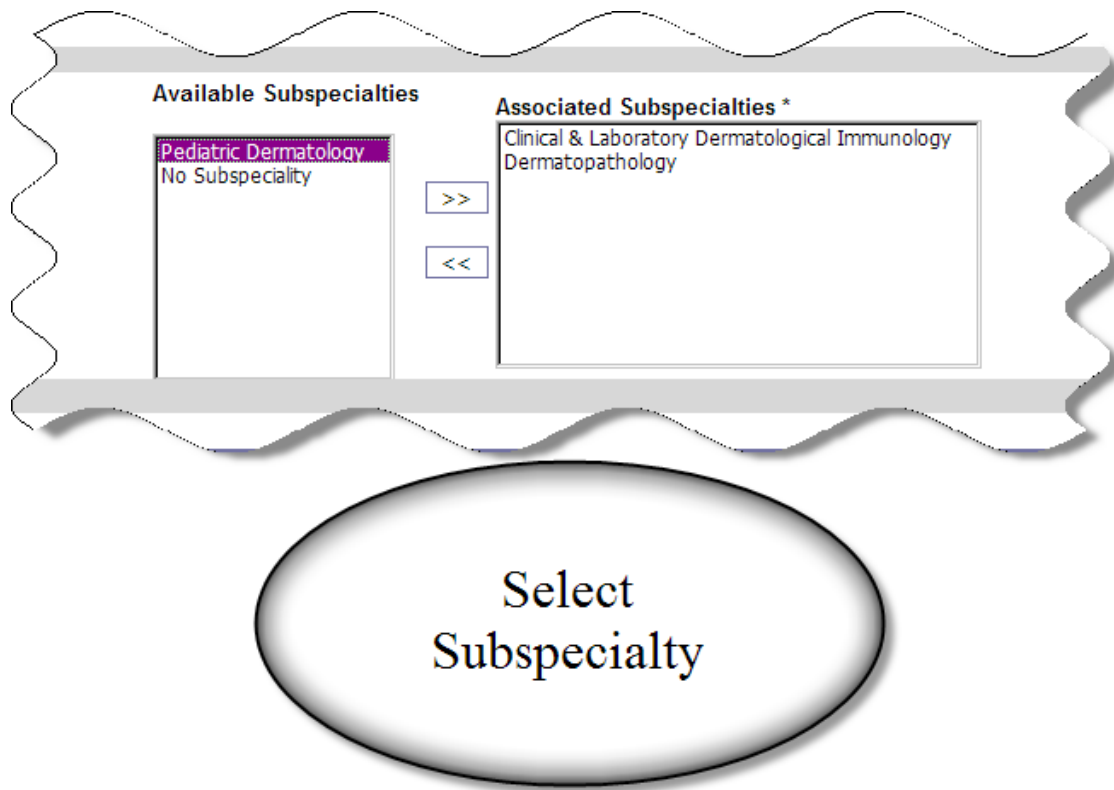
4. Click the Specialty drop-down list and make a selection.

The screenshot shows a software window with a 'Specialty' drop-down menu open. The menu lists various medical specialties. The 'Provider Type' is set to 'PHYSICIANS'. The 'End Date' field is visible. The 'Specialty' field is currently empty, and the drop-down list is open, showing a scrollable list of specialties.

Specialty
---SELECT---
Addiction Medicine
Allergy & Immunology
Anesthesiology
Cat Scan
Colon & Rectal Surgery
Dermatology
Emergency Medicine
Family Medicine
General Practice
Internal Medicine
Lithotripter
MRI
Manipulative Medicine
Maxillofacial Surgery
Medical Genetics
Neurological Surgery
Neuromusculoskeletal Medicine
Nuclear Medicine
Obstetrics & Gynecology
Occupational Medicine
Ophthalmology
Orthopedic Surgery
Otolaryngology
Pathology
Pediatrics
Peripheral Vascular Disease
Physical Medicine & Rehabilitation
Plastic Surgery
Preventive Medicine

Select Specialty
from drop-down
list

5. If there are Subspecialties associated with the Specialty you selected, the Available Subspecialties box will be populated with choices associated with that Specialty. Select a Subspecialty from the list and click the  button to add.

The screenshot shows a software interface for selecting subspecialties. It is divided into two main sections: "Available Subspecialties" on the left and "Associated Subspecialties *" on the right. In the "Available Subspecialties" list, "Pediatric Dermatology" is highlighted in purple, and "No Subspecialty" is listed below it. In the "Associated Subspecialties" list, "Clinical & Laboratory Dermatological Immunology" and "Dermatopathology" are listed. Between the two lists are two buttons: a right-pointing arrow (">>") and a left-pointing arrow ("<<"). Below the interface is a large, shaded oval containing the text "Select Subspecialty".

6. If there are no Subspecialties associated with the Specialty, the No Subspecialty option will automatically be selected for you.
7. Complete the required fields (marked with an asterisk) and any desired optional fields.



8. Click the **OK** button to close the Add Specialty / Subspecialty window. The Specialty / Subspecialty List page appears and now lists the added information.

<input type="checkbox"/>	Specialty / Subspecialty	Order To
<input type="checkbox"/>	Dermatology/Clinical & Laboratory Dermatological Immunology	PHYSICIANS
<input type="checkbox"/>	Dermatology/Dermatopathology	PHYSICIANS

Footer: Delete << Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Updated Specialty / Subspecialty List

9. Click the **Close** button to close the Specialty / Subspecialty page. You will see the Business Process Wizard with Step 3: Add Specialties marked Complete. If it is not complete, click the Step 3: Add Specialties hyperlink to finish entering details.

Step	Required	Start Date	End Date	Status
Step 1: Provider Basic Information	Required	01/23/2008	01/23/2008	Complete
Step 2: Add Locations	Required	01/23/2008	01/23/2008	Complete
Step 3: Add Specialties	Required	01/23/2008	01/23/2008	Complete
Step 4: Associate Billing Provider	Optional			Incomplete
Step 5: Associate Licenses and Certifications	Optional			Incomplete

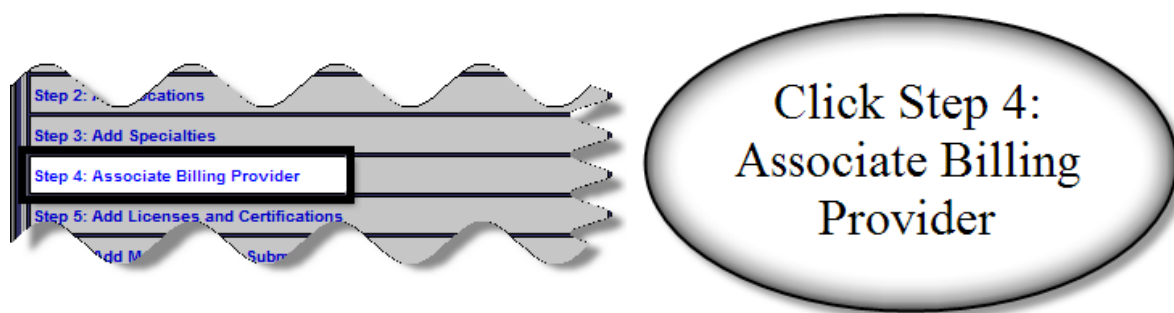
Step 3: Add Specialties marked Complete

TOPIC D

Billing Provider

Now that you have added your Specialties, you have the option of associating a Billing Provider to your enrollment application.

1. Click the Step 4: Associate Billing Provider hyperlink.



2. You will see the Billing Provider List page. Click the  button near the top of the page.



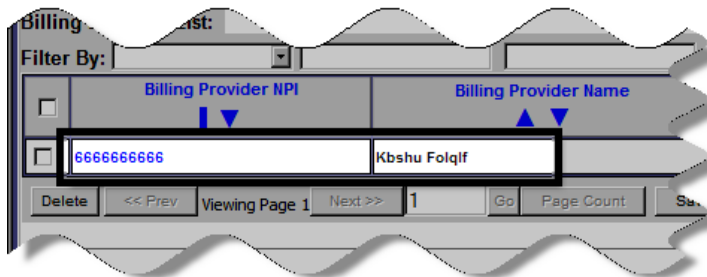
3. You will see the Associate Billing Provider page. Fill in the NPI field and the Start Date field.

A screenshot of the "Associate Billing Provider" page in the CHAMPS system. The page has a light grey background with a darker grey header bar. In the header bar, there is a question mark icon in a small box on the left, followed by the text "App ID: 20080123939976" and "Name: Bartholomew, David". Below the header bar, the main content area is titled "Associate Billing Provider:" in bold. Underneath this title, there is a instruction: "Enter NPI of Billing Provider and click 'Confirm Provider'." Below the instruction, there are four input fields: "NPI:" with an asterisk, "Provider Name:", "Start Date:" with an asterisk, and "End Date:". The "NPI:" and "Start Date:" fields are highlighted with black rectangular boxes. At the bottom right of the form, there are three buttons: "Confirm Provider", "OK", and "Cancel".

Enter NPI and
Start Date

4. Click the button.
5. Click the button to close the Associate Billing Provider page.

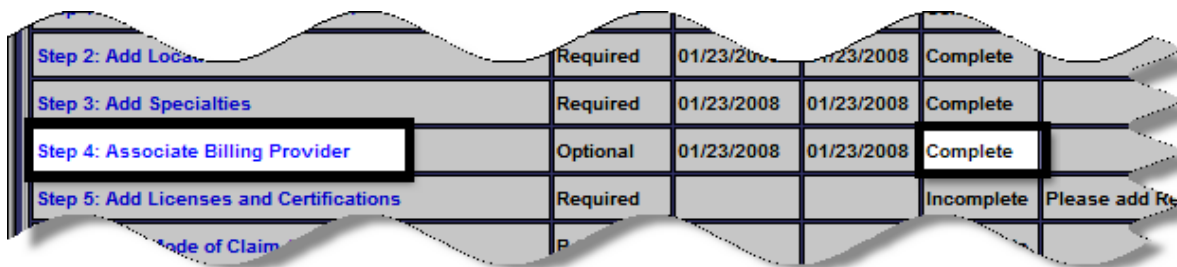
6. You will see the Billing Provider List page appear with the added information.



Billing Provider NPI	Billing Provider Name
666666666	Kbsu Folqf

Billing Provider
List is updated

7. Click the [Close](#) button to return to the Business Process Wizard. You will see Step 4: Associate Billing Provider now marked as Complete. If it is not complete, click the Step 4: Associate Billing Provider hyperlink and finish entering details.



Step	Required	Start Date	End Date	Status	Action
Step 2: Add Localities	Required	01/23/2008	01/23/2008	Complete	
Step 3: Add Specialties	Required	01/23/2008	01/23/2008	Complete	
Step 4: Associate Billing Provider	Optional	01/23/2008	01/23/2008	Complete	
Step 5: Add Licenses and Certifications	Required			Incomplete	Please add Re

Step 4: Associate
Billing Provider is
marked Complete



TOPIC E

Licenses and Certifications

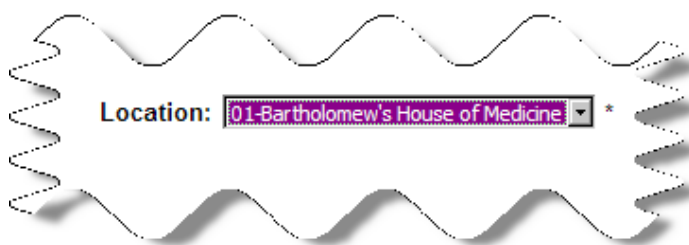
The next thing you need to do is add your License and Certification information.

1. Click the Step 5: Add Licenses and Certifications hyperlink.



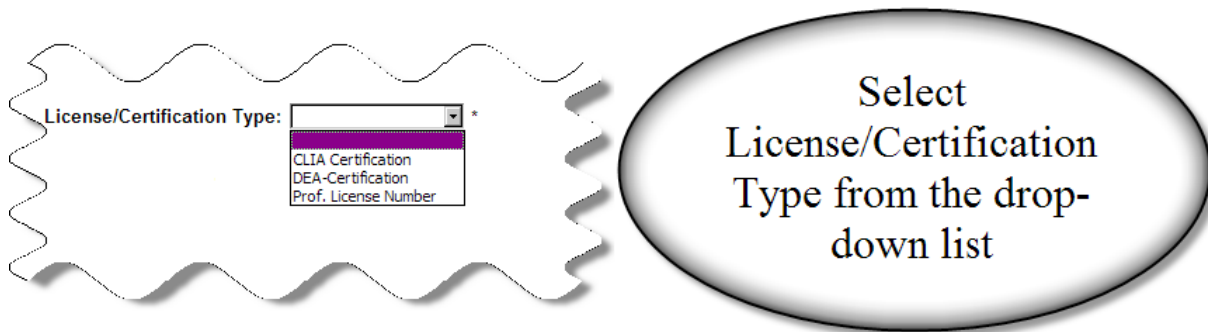
Click Step 5:
Add Licenses and
Certifications

2. You will see the License / Certification List page. Click the button near the top of the page.
3. You will see the Add License / Certification page. Select the Location from the Location drop-down menu.

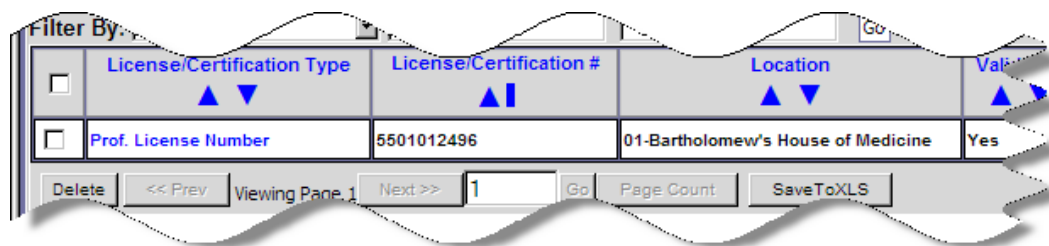


Select
Location

4. Select an option from the License / Certification Type drop-down menu.



5. Complete the remaining required fields (marked with an asterisk) on the page and click the button.
6. Click the button to close the Add License/Certification page.
7. You will see the License/Certification List page appear with the added information.



<input type="checkbox"/>	License/Certification Type ▲ ▼	License/Certification # ▲ ▢	Location ▲ ▼	Valid ▲ ▼
<input type="checkbox"/>	Prof. License Number	5501012496	01-Bartholomew's House of Medicine	Yes

Below the table are several controls: a "Delete" button, "<< Prev" and "Next >>" navigation buttons, a "Viewing Page 1" indicator, a "Go" button next to a page number input field (containing "1"), a "Page Count" label, and a "SaveToXLS" button.





8. Click the Close button to return to the Business Process Wizard. You will see Step 5: Add Licenses and Certifications marked Complete. If it is not marked complete, click the Step 5: Add Licenses and Certification hyperlink and finish entering details.

Step 3: Associate Billing Provider	Optional	01/23/2008	01/23/2008	Complete
Step 4: Associate Billing Provider	Optional	01/23/2008	01/23/2008	Complete
Step 5: Add Licenses and Certifications	Required	01/23/2008	01/23/2008	Complete
Step 6: Mode of Claim Submission	Required			Complete

Step 5: Add Licenses
and Certifications
marked Complete

TOPIC F

Mode of Claim Submission

The next step is to indicate to the State how you are going to submit your Medicaid claim forms.

1. Click the Step 6: Add Mode of Claim Submission hyperlink.





2. The Mode of Claim Submission page will appear. Select the desired Mode(s) of Claim Submission.

A screenshot of a web form titled "Identify Claim Submission Details." The form is enclosed in a light grey border. At the top, a blue header bar contains the text "Claim Submission Details: You may check multiple Modes of Submission." Below the header, the form has a white background. The title "Identify Claim Submission Details." is centered. Underneath, the text "Mode of Claim Submission:" is followed by five checkboxes arranged in two rows. The first row contains "Data Exchange Gateway (DEG)" and "Electronic Batch". The second row contains "Billing Agent", "Online Direct Data Entry (DDE)", and "Paper". Below the form, a large, dark grey oval with a white border contains the text "Select at least one (1) Mode of Claim Submission".

Claim Submission Details: You may check multiple Modes of Submission.

Identify Claim Submission Details.

Mode of Claim Submission: ☐ Data Exchange Gateway (DEG) ☐ Electronic Batch

☐ Billing Agent ☐ Online Direct Data Entry (DDE) ☐ Paper

Select at least one (1) Mode of Claim Submission

NOTE: At least one (1) Mode of Claim Submission must be selected and you can select multiple modes.

If you attempt to submit claims using a method you have not selected here, your claims will be rejected.



Mode of Claim Submission Descriptions

Below is a description of the Mode of Claim Submission options:

Data Exchange Gateway (DEG): This is the current method that Billing Agents use when submitting an electronic 837 batch of Claims.


Electronic Batch: This option in the CHAMPS system allows Billing Agents and Providers to submit electronic 837 batches without using the DEG.

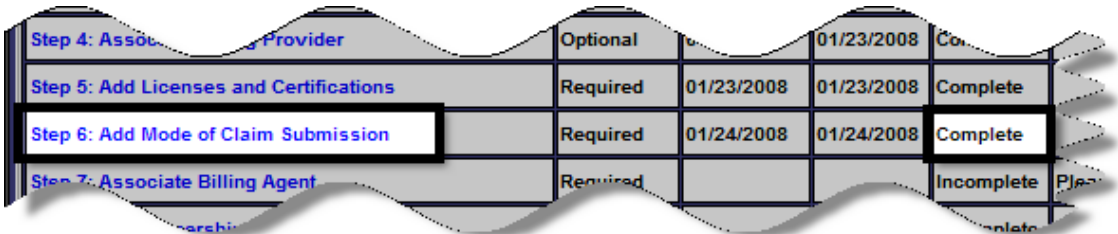
Online Direct Data Entry (DDE): This option in the CHAMPS system allows a Provider to enter one claim at a time directly into the system.

Billing Agent: This option must be selected if you choose to have a Billing Agent submit claims for you. **NOTE:** If you select Billing Agent mode, the Billing Agent step will change from Optional to Required on the Business Process Wizard.

Paper: Choose this option if you will be submitting paper claims to MDCH for processing.



3. Click the  button to close the Mode of Claim Submission window. The Business Process Wizard will appear with Step 6: Add Mode of Claim Submission now marked Complete. If it is not complete, click the Step 6: Add Mode of Claim Submission hyperlink to finish entering details.



Step 4: Associate Billing Provider	Optional	01/23/2008	Complete
Step 5: Add Licenses and Certifications	Required	01/23/2008	Complete
Step 6: Add Mode of Claim Submission	Required	01/24/2008	Complete
Step 7: Associate Billing Agent	Required		Incomplete

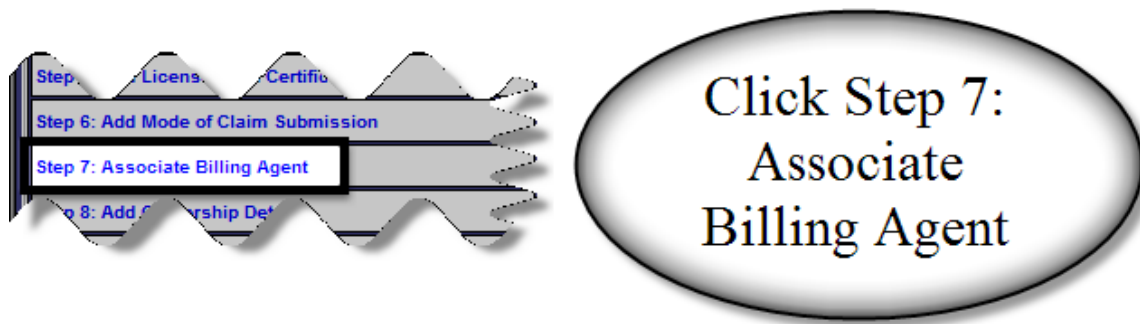
Step 6: Add Mode
of Claim
Submission marked
Complete

TOPIC G

Billing Agent

NOTE: The following steps are only **Required** if Billing Agent was selected as a Mode of Claim Submission.

1. Click the Step 7: Associate Billing Agent hyperlink on the Business Process Wizard.



2. You will see the Billing Agent List page. Click the  button.

NOTE: The Billing Agent must already be entered and approved in the CHAMPS system in order for a Provider to associate it to their application.



3. The Associate Billing Agent window will appear. If you know the Billing Agent ID number, enter it in the Billing Agent ID field **Billing Agent ID:** *

Click on Confirm/Search Billing Agent to search for a Billing Agent. Confirm the Billing Agent entered.

Billing Agent ID: *

Billing Agent Name: Plfkhooh"v Eloolqj Djhq

Association Start Date: *

Association End Date:

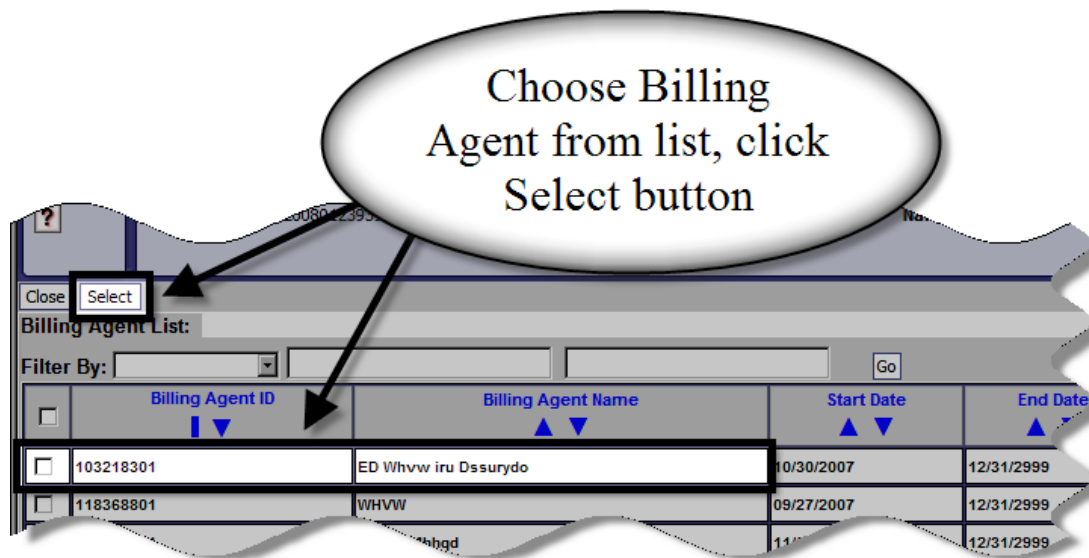
Authorized Transaction Responses:

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

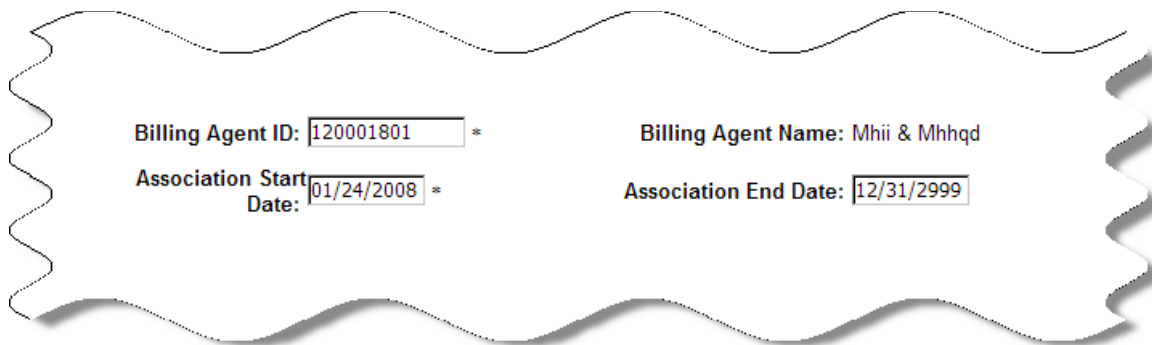
4. Click the button. CHAMPS will verify the information you entered and refresh the page, filling in the Association Start Date and Association End Date fields as well as the Billing Agent Name.
5. Providers may select the Authorized box to authorize a Billing Agent to receive the 835, electronic remittance advice.

NOTE: Only one Billing Agent can receive the 835 per Tax ID. If a Billing Agent is already on file to receive the 835 for you Tax ID, the 835 authorization area will not allow any changes. In order to change the 835 Billing Agent authorization on file, please email AutomatedBilling@michigan.gov.

6. If you do NOT know the Billing Agent ID number, click on the Confirm/Search Billing Agent button.
7. The Search Billing Agent List window will display. You can use the Filter By function to narrow the records in the list. Select the Billing Agent from the list by clicking on the checkbox to its left and click the Select button.



8. The Search Billing Agent window will close and the Associate Billing Agent page will refresh. CHAMPS will fill in the Association Start Date and Association End Date fields as well as the Billing Agent Name.



Billing Agent ID: *

Billing Agent Name: Mhii & Mhhqd

Association Start Date: *

Association End Date:



9. Click the **OK** button. The Associate Billing Agent window will close and the Billing Agent List will update to reflect the new Billing Agent.

Billing Agent ID	Billing Agent Name
120001801	Mhii & Mhhqd

Billing Agent
List updated with
new information

10. Click the **Close** button to return to the Business Process Wizard. You will see Step 7: Associate Billing Agent marked as Complete. If it is not complete, click the Step 7: Associate Billing Agent hyperlink to finish entering details.

Step	Description	Required	Start Date	End Date	Status
Step 5: Add...
Step 6: Add Mode of Claim Submission	...	Required	01/24/2008	01/24/2008	Complete
Step 7: Associate Billing Agent	...	Required	01/24/2008	01/24/2008	Complete
Step 8: Add Ownership Details	Incomplete
Step 9: Add Taxonomy Details	Incomplete

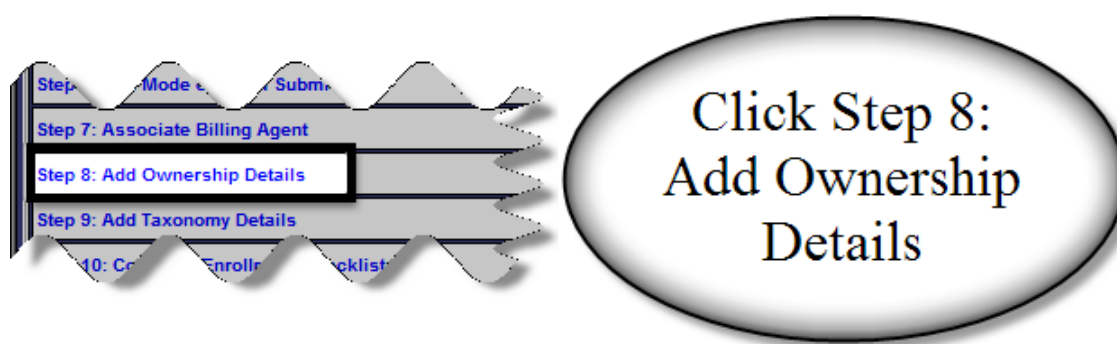
Step 7 Associate
Billing Agent marked
Complete

TOPIC H

Ownership

The next step you need to complete is to add ownership details to your enrollment application.

1. Click the Step 8: Add Ownership Details hyperlink.





2. You will see the Owners List page appear. On it will be two sections. The top section allows you to list those properties you own completely. The bottom section allows you to list your ownership interests in other entities reimbursable by Medicaid and/or Medicare.

Menu

Close

Owners List:

Filter By: [] [] [] Go

	Owner SSN/EIN/TIN	Owner Information	Owner Type	Start Date	End Date
<input type="checkbox"/>	999-99-9930	Bartholomew, Bart	Individual	01/23/2008	12/31/2999

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Add Other Owned Entity

List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By: [] [] [] Go

	Entity EIN/TIN	Legal Entity Name	Entity Address
--	----------------	-------------------	----------------

No Records Found !

Owners List page: Note
the two (2) different
sections

3. If you have no other Owned Entities, click the button to return to the Business Process Wizard, where you will see Step 8: Add Ownership Details now marked complete.

Step 7: Associate Billing Agent	Required	01/24/2008	01/24/2008	Complete
Step 8: Add Ownership Details	Required	01/24/2008	01/24/2008	Complete
Step 9: Add Taxonomy Details	Required			Incomplete

Step 8: Add
Ownership Details
marked Complete

4. If you need to add information about other entities, click the button.

NOTE: You only need to include those entities in which you own 5% or more of the entity.

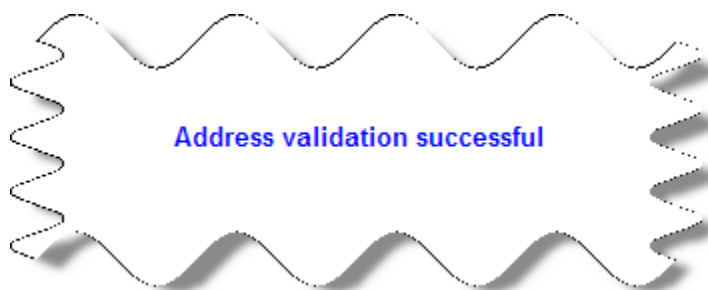


5. You will see the Ownership in Other Medicaid/Medicare Entities page appear. Complete the Address Line 1 field and the Zip Code field. Click the **Validate Address** button.

Relationship: *
Start Date: *
End Date:
Address Line 1: *
(Enter Street Address or PO box Only)
Address Line 2:
State/Province:
City/Town:
Country: United States *
County:
Phone Number: *
Zip Code: -

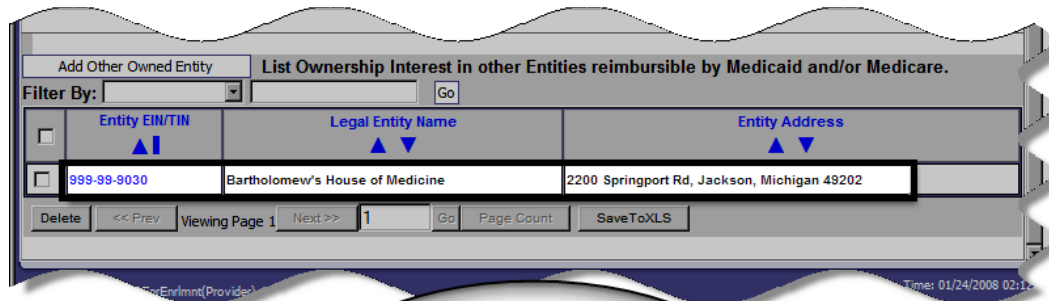
Enter information in
Address Line 1 and Zip
Code fields

If CHAMPS recognizes the address, you will see a message appear in the middle of the page indicating “Address validation successful.” CHAMPS will also automatically format the address and zip code as well as populate the City/Town and County fields according to USPS standards.



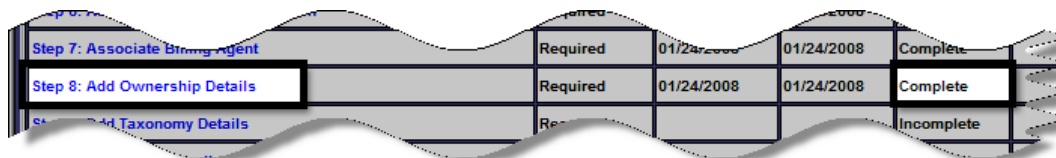
6. Complete the remaining required fields (marked with an asterisk) and any desired optional fields.

7. Click the button to return to the Owners List page where you will see the added information in the lower part of the screen.



Added information
in lower section of
page

8. Click the button to return to the Business Process Wizard. Step 8: Add Ownership Details is now marked Complete. If it is not complete, click the Step 8: Add Ownership Details hyperlink to finish adding details.



Step Name	Required	Start Date	End Date	Status
Step 7: Associate Billing Agent	Required	01/24/2008	01/24/2008	Complete
Step 8: Add Ownership Details	Required	01/24/2008	01/24/2008	Complete
Step 9: Add Taxonomy Details	Required			Incomplete

Step 8: Add
Ownership Details
marked Complete

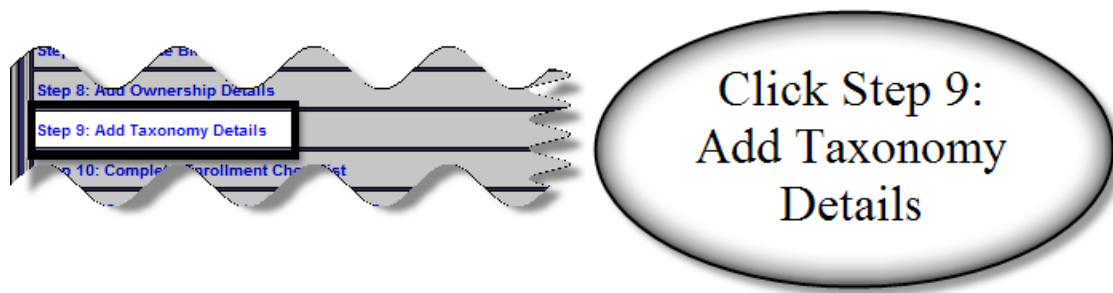


TOPIC I

Taxonomy

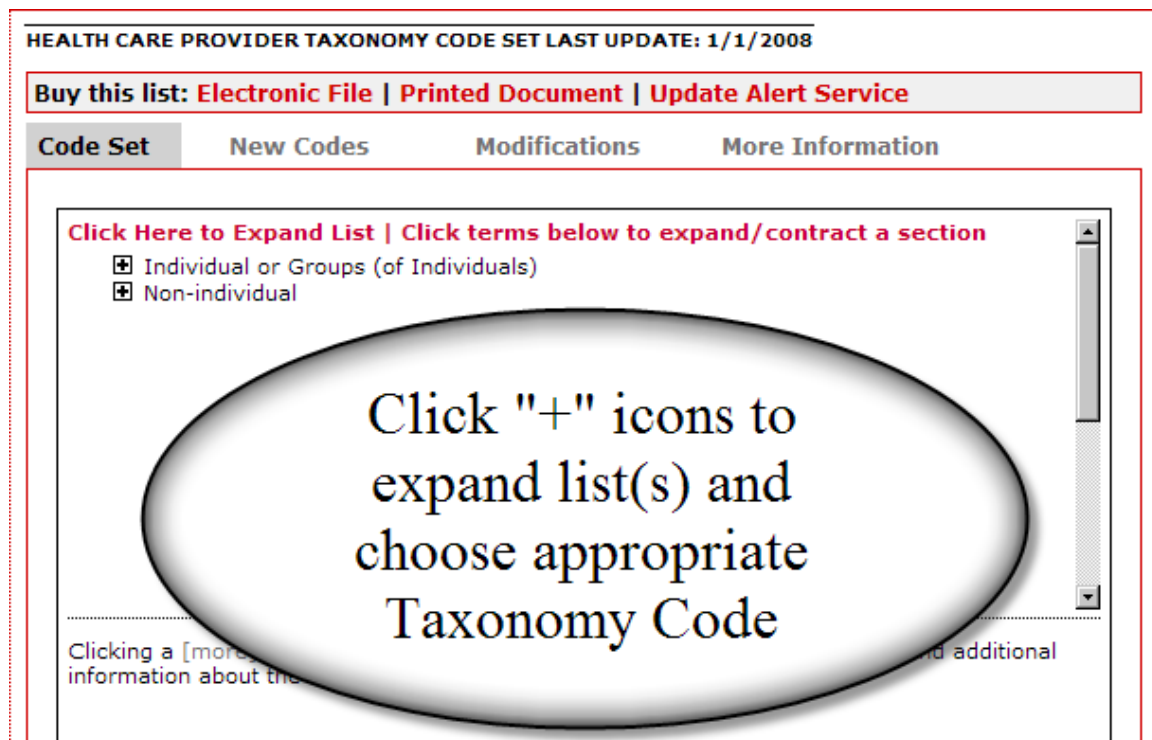
You now need to add your Taxonomy details.

1. Click the Step 9: Add Taxonomy Details hyperlink.



2. You will see the Taxonomy List page. Click the button near the top of the page.
3. You will see the Add Taxonomy page. If you know your Taxonomy Code, enter the information in the **Taxonomy Code:** field and click the button.

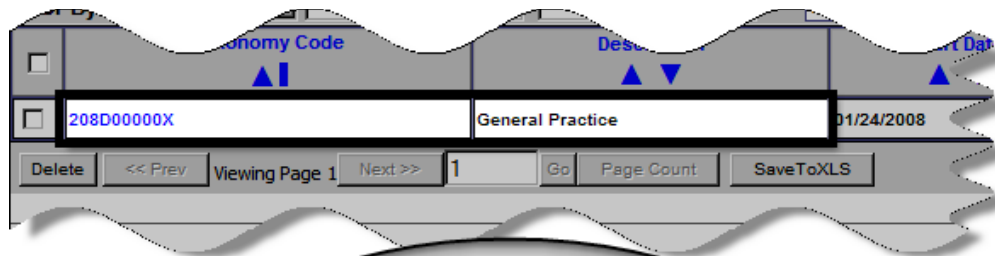
4. If you do NOT know your Taxonomy Code, click the thin arrow to the left of the note [\(Click here for Taxonomy List\)](#) next to the Taxonomy Code field. You will see a pop-up webpage with a list of Taxonomy Codes.



5. Find the appropriate Taxonomy Code on the page. You can either write down the code from this page and type it into the field on the Add Taxonomy page or you can highlight the code in the list, copy the information, and paste it into the **Taxonomy Code:** field on the Add Taxonomy page.
6. Click the button to fill in the CHAMPS Taxonomy Description.



7. Fill in the **Start Date:** * field with the current calendar date and, if necessary, fill in the Taxonomy End Date with the End Date of the Primary Practice Location.
8. Click the button to return to the Taxonomy List page, where you will now see the added information.



Taxonomy List
page displays
added information

9. Click the button to return to the Business Process Wizard. Step 9: Add Taxonomy Details is now marked as Complete. If it is not complete, click the Step 9: Add Taxonomy Details hyperlink to finish entering details.

Step 8: Add Ownership Details	Required	01/24/2008	01/24/2008	Complete
Step 9: Add Taxonomy Details	Required	01/24/2008	01/24/2008	Complete
Complete Enrollment Check				Incomplete

Step 9: Add
Taxonomy Details
marked Complete



TOPIC J

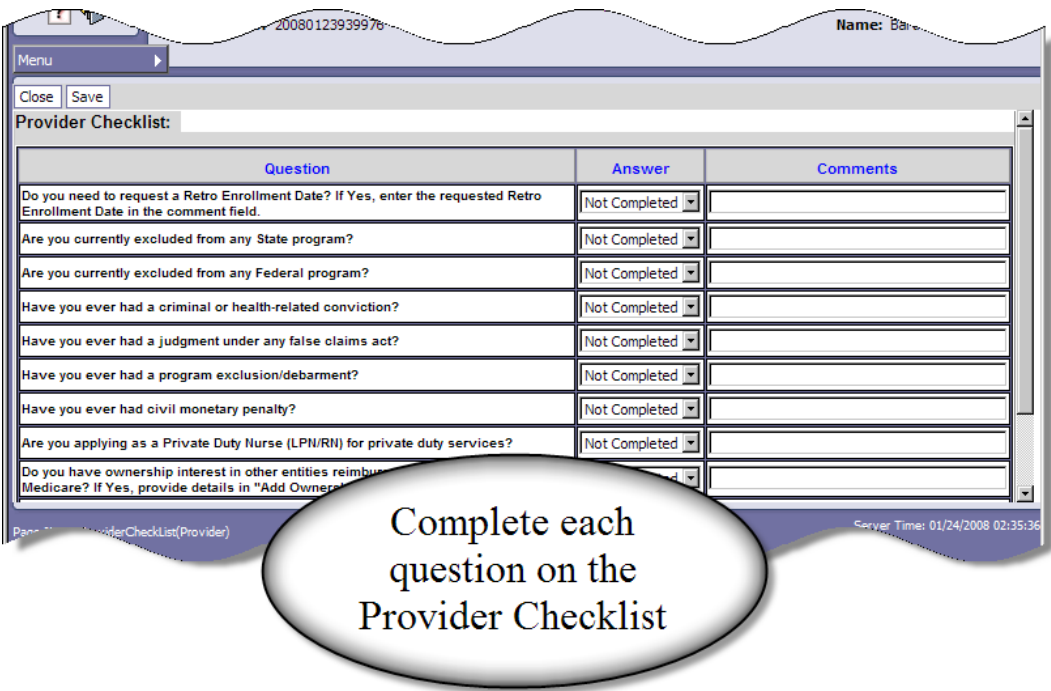
Enrollment Checklist

You now need to complete the enrollment checklist. This is a list of Yes/No questions for you to answer.

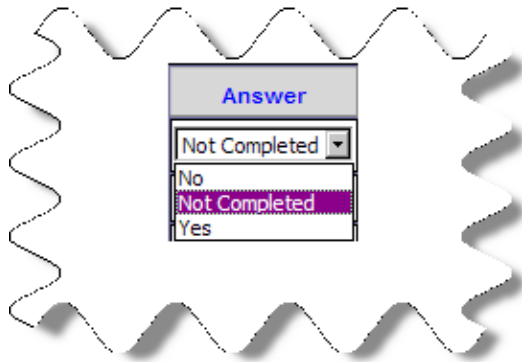
- 1. Click the Step 10: Complete Enrollment Checklist hyperlink.



- 2. You will see the Provider Checklist page. Read each question on the page.



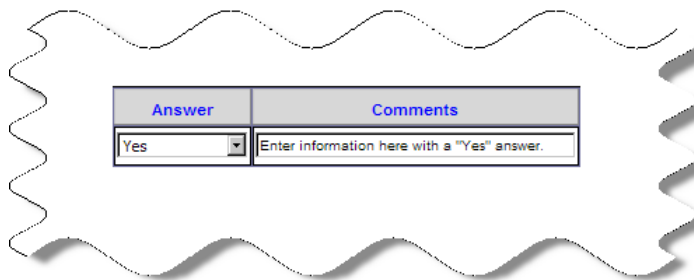
3. Select either Yes or No in the Answer drop-down menu.



A screenshot of a web form showing a drop-down menu labeled "Answer". The menu is open, displaying four options: "Not Completed", "No", "Not Completed", and "Yes". The "Not Completed" option is highlighted in purple.


Select an
answer from
the drop-down
list

4. If you answer Yes to any but the last two (2) questions, you **MUST** provide additional information in the Comments field.



A screenshot of a web form showing two fields: "Answer" and "Comments". The "Answer" field is a drop-down menu with "Yes" selected. The "Comments" field is a text box with the placeholder text "Enter information here with a 'Yes' answer."

Provide comments
for "Yes" answers to
any but the last two
(2) questions

5. After you answer all of the questions, click the  button.



6. Click the button to return to the Business Process Wizard, where you will see Step 10: Complete Enrollment Checklist marked Complete. If it is not complete, click the Step 10: Complete Enrollment Checklist and finish entering details.

Step 9: Add Taxonomy	Required	01/24/2008	01/24/2008	Complete
Step 10: Complete Enrollment Checklist	Required	01/24/2008	01/24/2008	Complete
Step 11: Submit Enrollment Application for Approval	Required			Incomplete

Viewing Page 1 Next Go Page Count ToXLS

Step 10: Complete Enrollment Checklist marked Complete

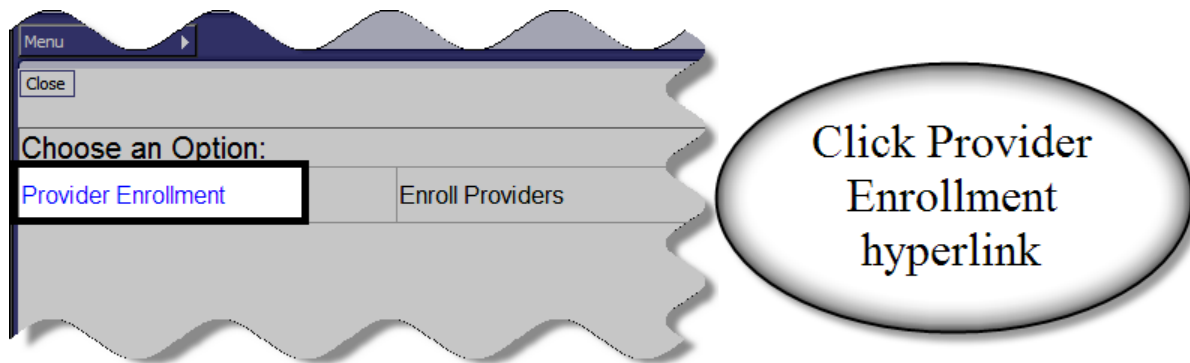
TOPIC K

Modify Application in Process

After you start the enrollment process, you have thirty (30) calendar days to complete your application. If you do NOT complete your application within thirty (30) calendar days of the original start date, your information will be deleted and you will have to start again.

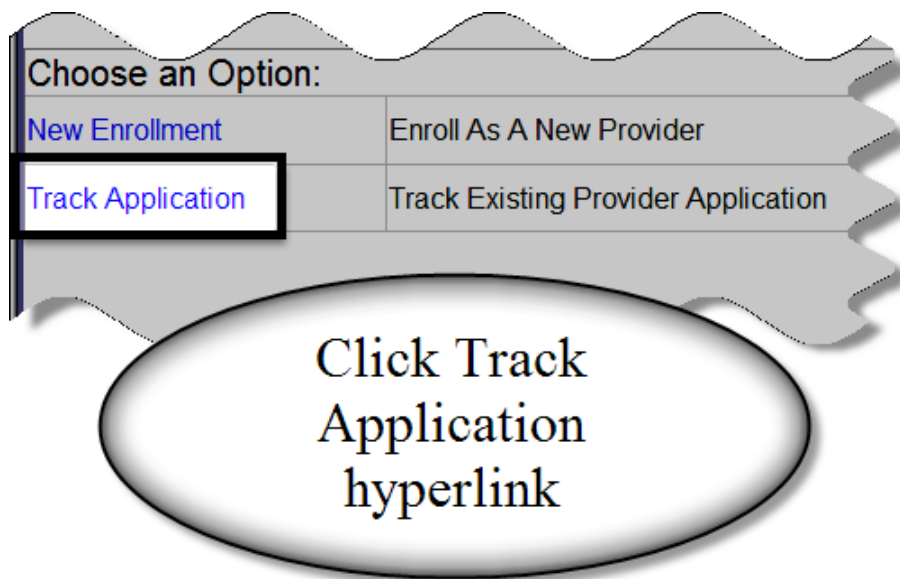
If you are unable to complete the application process, you have the ability to return to an enrollment application, as long as it is within thirty (30) calendar days of the original start date.

1. To modify an existing enrollment application that has NOT been submitted, click the Provider Enrollment hyperlink on the Provider tab.





2. Click the Track Application hyperlink.



3. Enter your Provider Application ID number into the **Application ID:** * field.
4. Press the button.



5. The Business Process Wizard will appear. Click any of the Step hyperlinks to continue the application process or to edit any Steps as needed.

Close

Enroll Provider - Individual:

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	01/23/2008	01/23/2008	Complete	
Step 2: Add Locations	Required	01/23/2008	01/23/2008	Complete	
Step 3: Add Specialties	Required	01/23/2008	01/23/2008	Complete	
Step 4: Associate Billing Provider	Optional	01/23/2008	01/23/2008	Complete	
Step 5: Add Licenses and Certifications	Required	01/23/2008	01/23/2008	Complete	
Step 6: Add Mode of Claim Submission	Required	01/24/2008	01/24/2008	Complete	
Step 7: Associate Billing Agent			01/24/2008	Complete	
Step 8: Add Ownership Details				Complete	

Page ID: pgBPWIndividualStart(Prov

Server Time: 01/24/2008 02:48:34 PST

Click any of the Step
hyperlinks to make
changes



TOPIC L

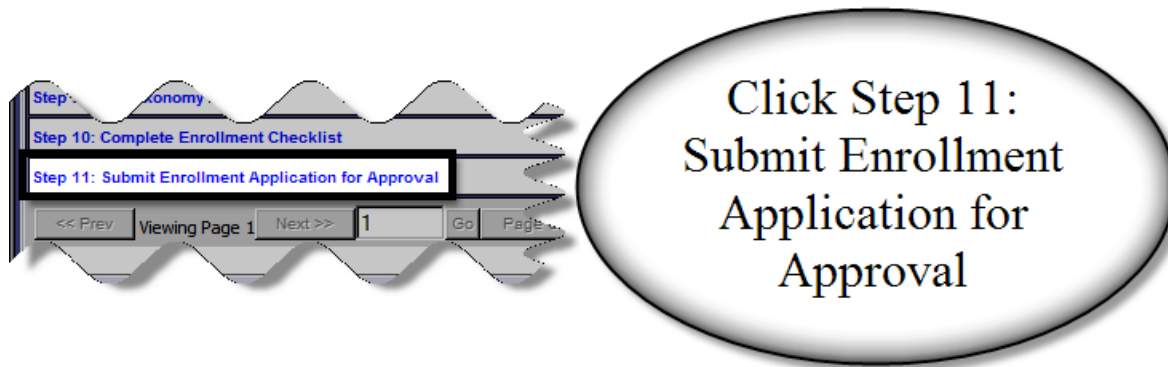
Submit Application

After you have completed all of the required steps on the Business Process Wizard, your enrollment application is ready to be submitted.

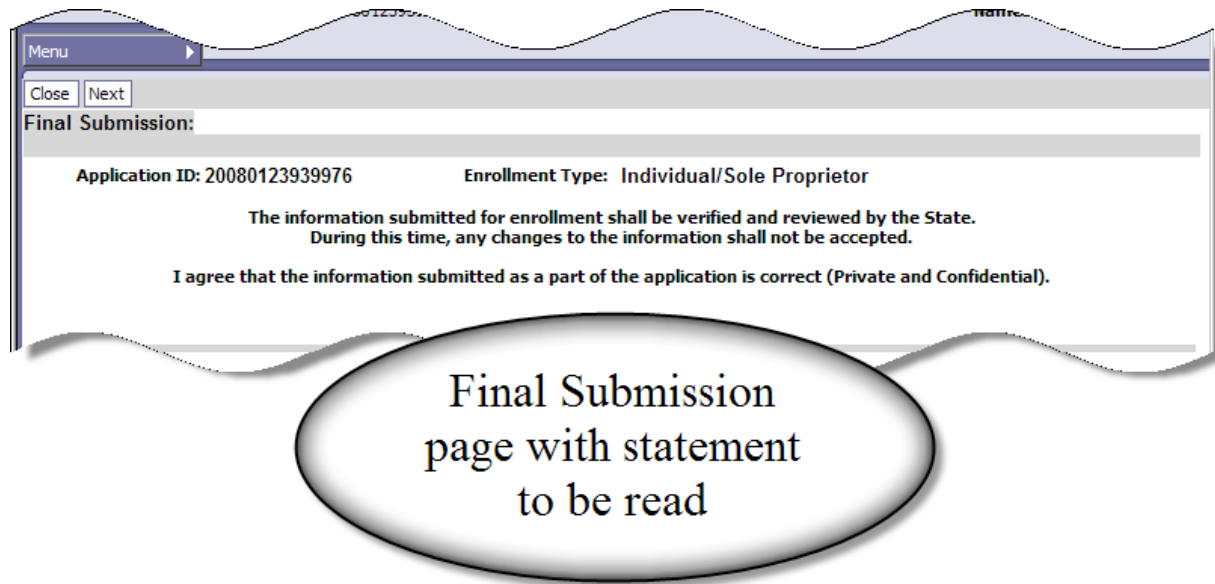
NOTE: Once you submit your enrollment application to the State for approval, you will **NOT** be able to make any changes to the information in your application until it has been approved.

To submit your enrollment application, you need to do the following:

1. Click the Step 11: Submit Enrollment Application for Approval hyperlink.



2. You will see the Final Submission page. On it will be your Application ID number and your Enrollment Type. There is a brief statement on this page that you will need to read.



3. Click the button.



4. You will see the Medical Assistance Provider Enrollment & Trading Partner Agreement – Conditions page. Read through this information carefully.

Close Submit Application

Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions:

In applying for enrollment as a provider or trading partner in the Medical Assistance Program (and programs for which the Michigan Department of Community Health (MDCH) is the fiscal intermediary), I represent and certify as follows:

1. The applicant, and the employer (if applicable), certify that the undersigned has/have the authority to execute this Agreement.
2. Enrollment in the Medical Assistance Program does not guarantee...
3. All information furnished on this Medical Assistance...
4. The applicant and the employer agree...
5. Before billing for any medical service...
6. I agree to comply with the provisions...
7. I agree to comply with the requirements of...

Read through information on the Agreement - Conditions page

5. At the bottom of the page, after you have read the information, click the box in front of the statement that reads, “By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Medical Assistance Provider Enrollment & Trading Partner Agreement.”

☐ By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Medical Assistance Provider Enrollment & Trading Partner Agreement.

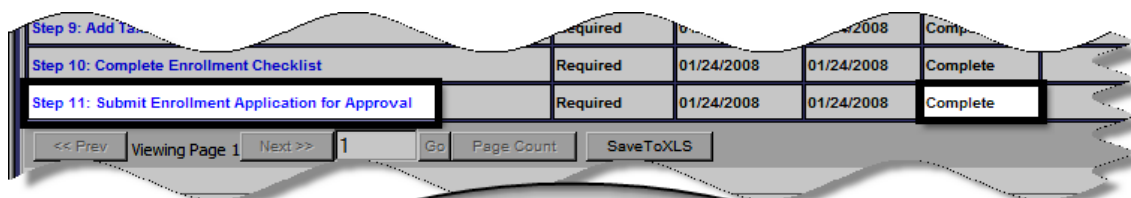
Check the box when finished reading the Agreement - Conditions page

6. Click the Submit Application button at the top of the page.
7. You will see a pop-up message indicating your application was successfully submitted for State review. Click the OK button to close the pop-up message.



Click OK to close
the message window

8. Click the Close button to return to the Business Process Wizard, where you will see Step 11: Submit Enrollment Application for Approval marked as Complete. If it is not complete, click the Step 11: Submit Enrollment Application for Approval hyperlink to finish entering details.



Step 11: Submit
Enrollment Application
for Approval



LESSON 4 – MANAGE PROVIDER RECORD



LESSON 4 – MANAGE PROVIDER RECORD

Introduction

Once your enrollment application has been approved by MDCH it becomes your Provider Record. Your Provider Record can be changed if you need to add new information (like a new Specialty) or if you need to edit the existing information (like your Mode of Claim Submission).

Any changes you make to your Provider Record will be submitted to the State as a Modification Request. If you submit a Modification Request to the State, you will be unable to make changes to your Provider Record until the request has been approved.

Lesson Objectives

In this lesson you will learn how to manage your Provider Record and submit Modification Requests. You will:

- Select a domain
- Access the Provider Portal
- Manage a Provider Record
- Submit a Modification Request

Lesson Topics

- Topic A – Selecting a Domain
- Topic B – Provider Portal Overview
- Topic C – Manage Provider Record
- Topic D – Submit Modification Request



TOPIC A

Selecting a Domain

Once your enrollment application has been approved by the State, the page you see when you log into CHAMPS will look differently.

If you have more than one Provider Record to maintain, you will see a Domain selection page when you first log into the CHAMPS website.

A screenshot of the CHAMPS website's domain selection page. The page features the CHAMPS logo at the top, which includes the text "CHAMPS" in large green letters and "Community Health Automated Medicaid Processing System" in smaller green letters below it. Below the logo, there are two dropdown menus. The first is labeled "Select the Domain:" and contains the text "Bart Bartholomew - 2468024680" followed by an asterisk. The second is labeled "Select a profile to use during this session:" and contains the text "Provider" followed by an asterisk. To the right of the second dropdown menu is a "Go" button. Below the dropdown menus, there is a large, light-colored oval with a dark border containing the text "Domain Selection page".

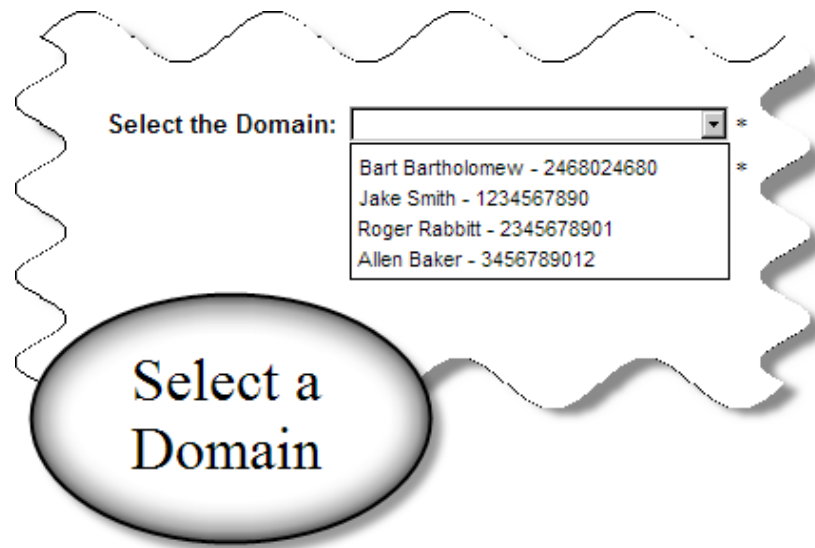
Select the Domain: Bart Bartholomew - 2468024680 *

Select a profile to use during this session: Provider * Go

Domain
Selection page

To select a Domain, you will need to do the following:

1. Click on the Select the Domain drop-down menu and select a Provider/NPI from the list.

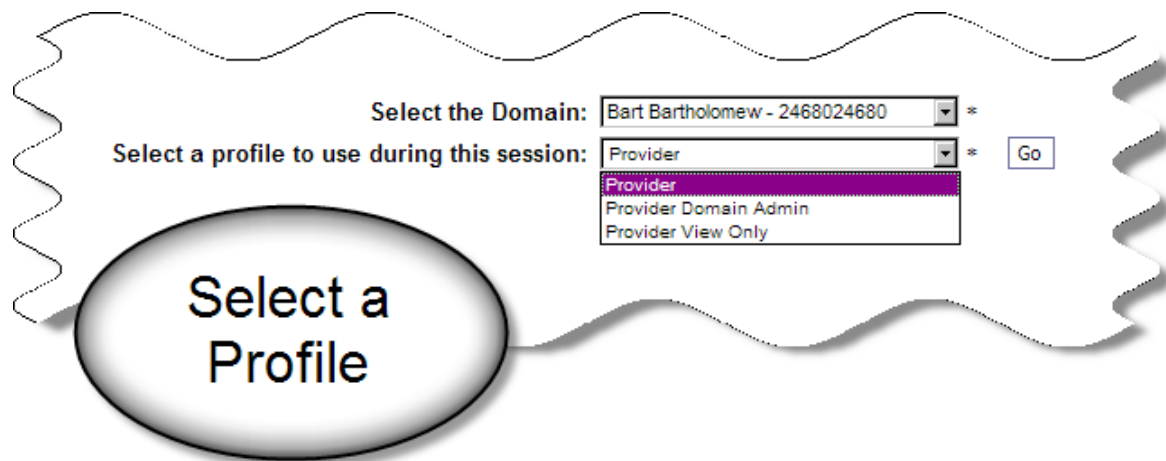


Select the Domain:

	*
Bart Bartholomew - 2468024680	*
Jake Smith - 1234567890	
Roger Rabbitt - 2345678901	
Allen Baker - 3456789012	

Select a Domain

2. Click on the Select a profile drop-down menu and select an option.



Select the Domain: Bart Bartholomew - 2468024680 *

Select a profile to use during this session:


Provider	*
Provider	
Provider Domain Admin	
Provider View Only	

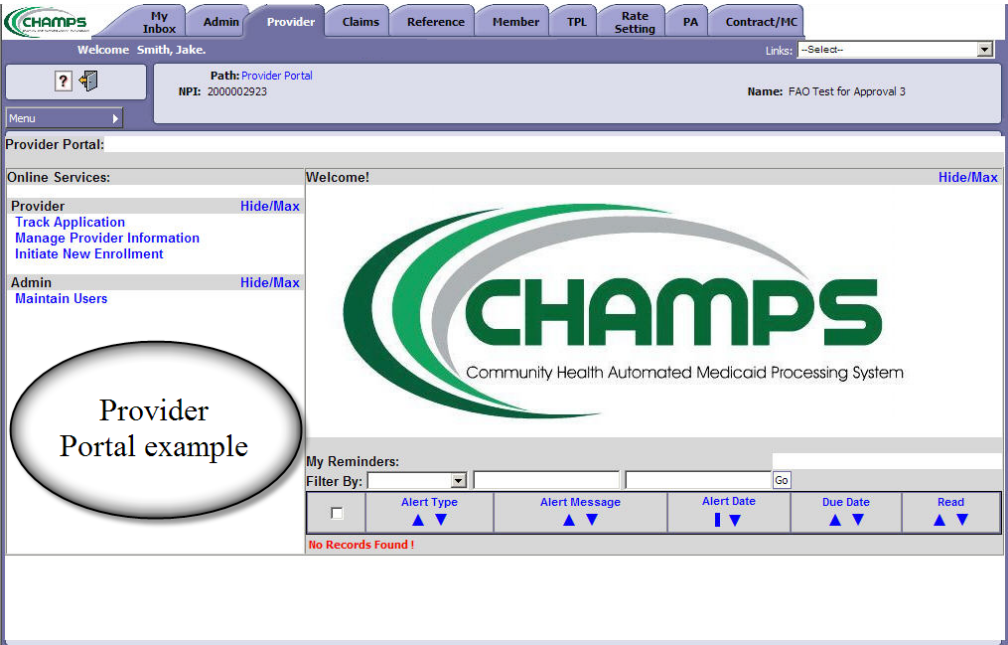
Go

Select a Profile

Lesson 4



- 3. Click the  button.
- 4. You will see the Provider Portal page.

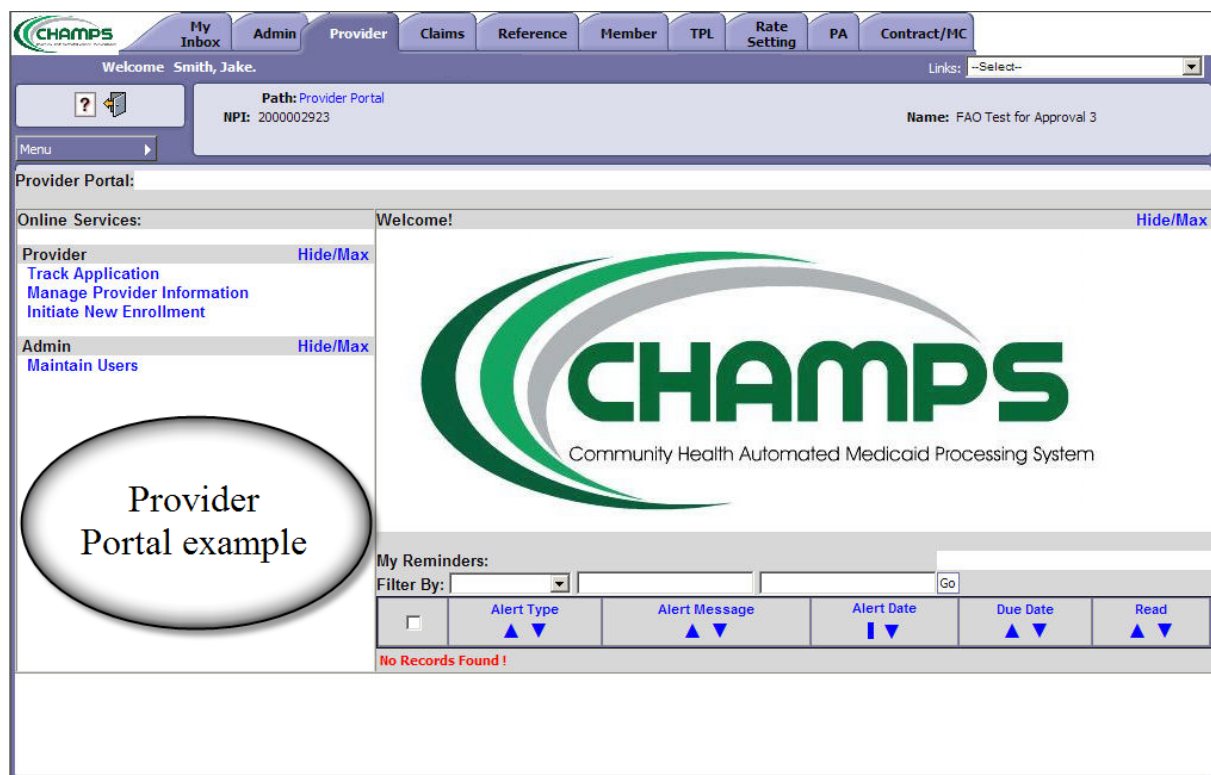


TOPIC B

Provider Portal Overview

The Provider Portal page gives you a variety of options. This is the page you will see when you log into CHAMPS if you do NOT have more than one Provider Record to maintain.

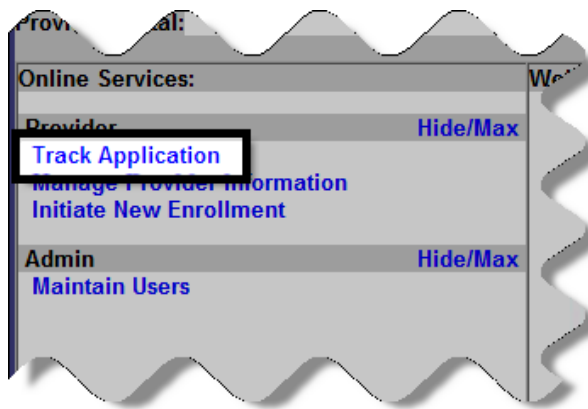
NOTE: The hyperlinks described in this lesson may not be accessible to all users depending on their profiles in CHAMPS.



There are different hyperlinks on the Provider Portal.



Track Application



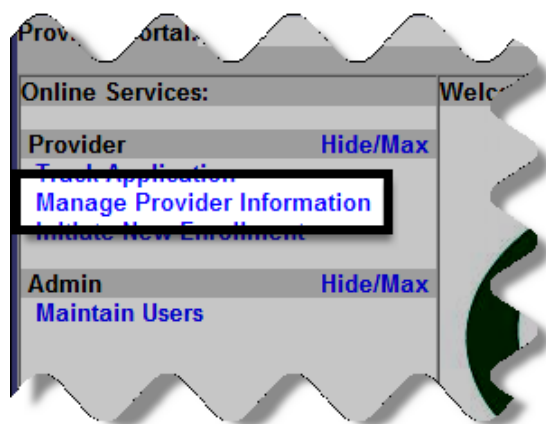
Click Track
Application
hyperlink

Clicking the Track Application hyperlink takes you to a page that allows you to enter an Application ID to either track the progress of a submitted enrollment application or to continue with the completion of a non-submitted enrollment application.

Enter
Application ID

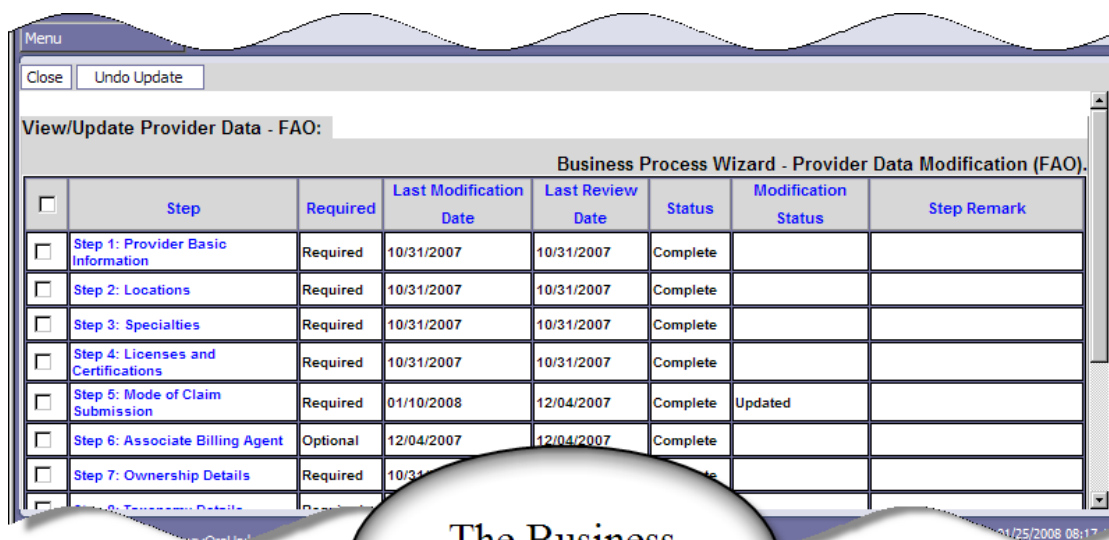
After clicking the Track Application hyperlink, you will see the Track Existing Application page.

Manage Provider Information



Click Manage
Provider
Information
hyperlink

Clicking the Manage Provider Information hyperlink will take you to the Business Process Wizard for the Provider Record.

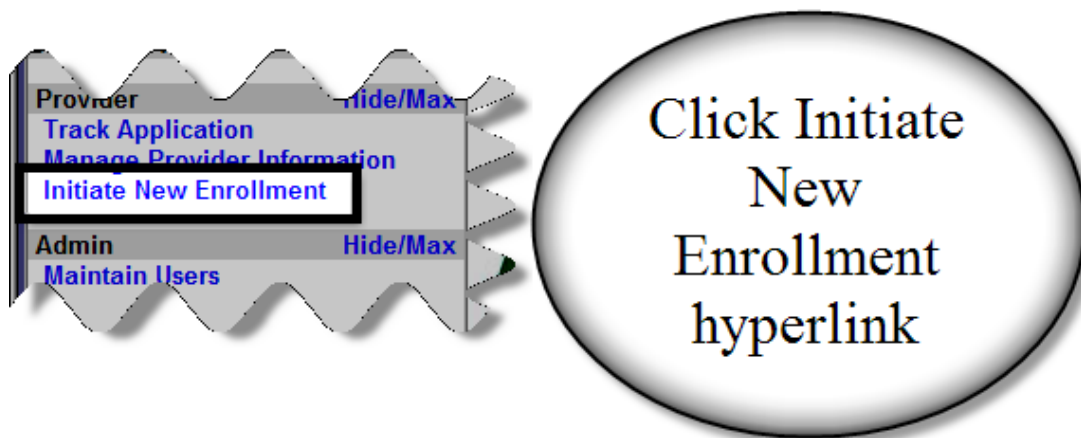


	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	10/31/2007	10/31/2007	Complete		
<input type="checkbox"/>	Step 2: Locations	Required	10/31/2007	10/31/2007	Complete		
<input type="checkbox"/>	Step 3: Specialties	Required	10/31/2007	10/31/2007	Complete		
<input type="checkbox"/>	Step 4: Licenses and Certifications	Required	10/31/2007	10/31/2007	Complete		
<input type="checkbox"/>	Step 5: Mode of Claim Submission	Required	01/10/2008	12/04/2007	Complete	Updated	
<input type="checkbox"/>	Step 6: Associate Billing Agent	Optional	12/04/2007	12/04/2007	Complete		
<input type="checkbox"/>	Step 7: Ownership Details	Required	10/31/2007				

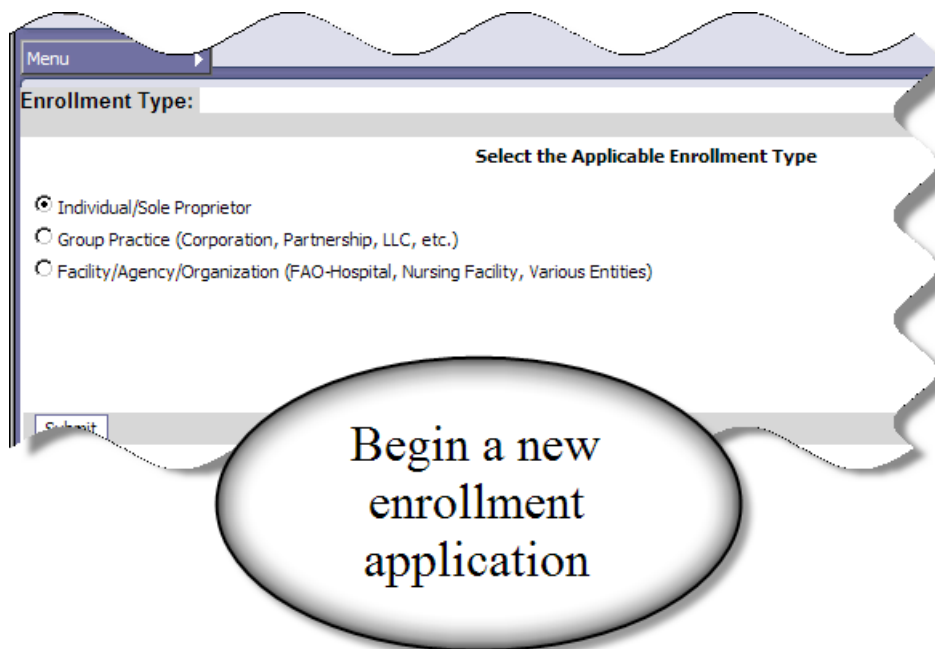
The Business
Process Wizard



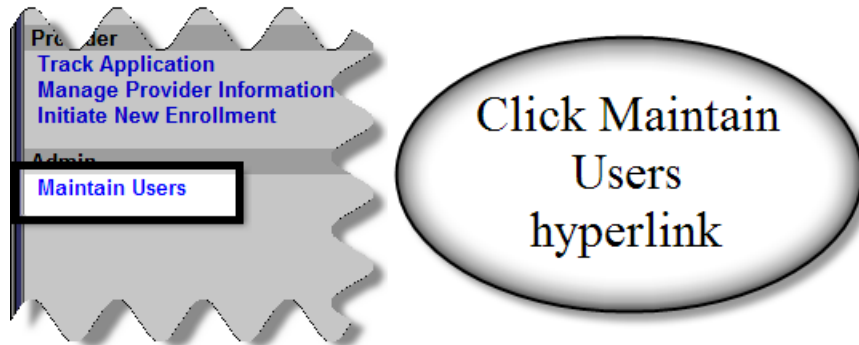
Initiate New Enrollment



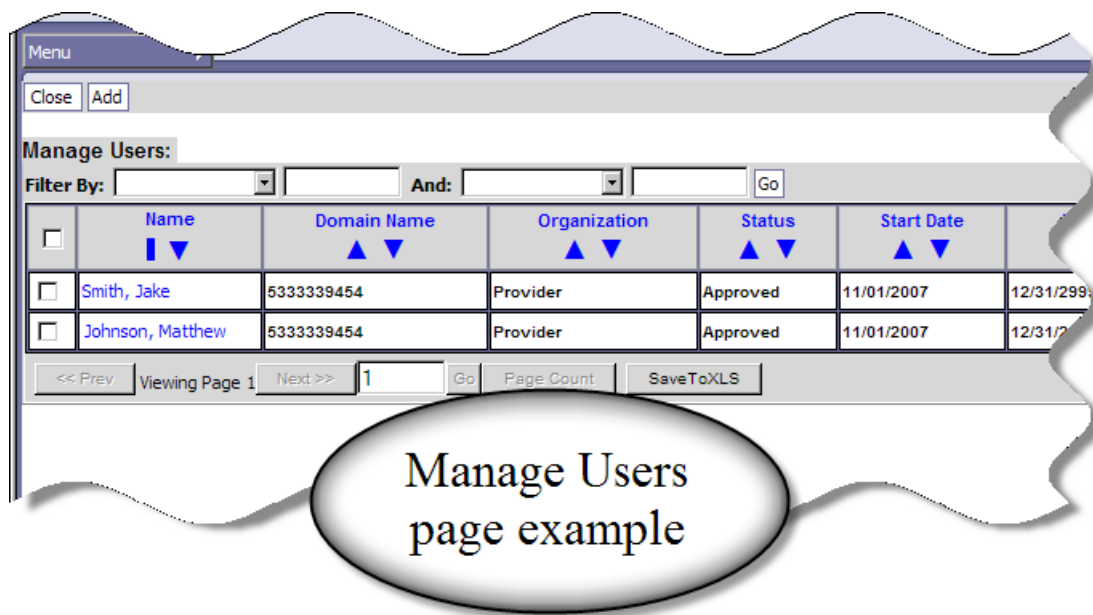
Clicking the Initiate New Enrollment hyperlink will take you to a page that allows you to start a new enrollment application for an Individual/Sole Proprietor, a Group Practice, or a Facility/Agency/Organization.



Maintain Users



Clicking the Maintain Users hyperlink will take you to the Manage Users page, where users are listed. Clicking the Name hyperlinks will allow you to make changes to user's access.





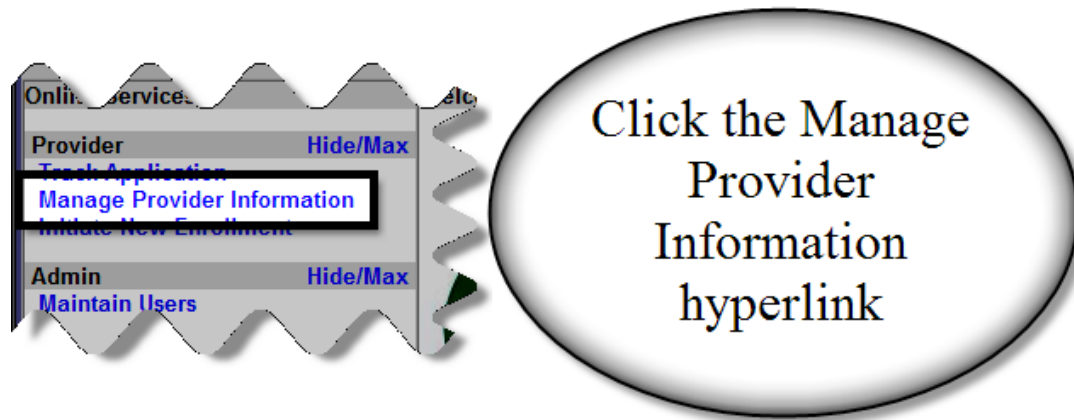
TOPIC C

Manage Provider Record

After your enrollment application has been accepted by the State, you have the ability to make changes to the information in your Provider Record.

NOTE: If you make a modification to your Provider Record and do NOT submit those changes within seven (7) calendar days, the system will delete or purge the changes.

1. Click the Manage Provider Information hyperlink.



2. You will see the Business Process Wizard for the Provider Record. Click on the Step hyperlink to make changes to the information on record.

<input type="checkbox"/>	Step	Required	Last Modification Date	Last
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	10/31/2007	10/31/2007
<input type="checkbox"/>	Step 2: Locations	Required	10/31/2007	10/31/2007
<input type="checkbox"/>	Step 3: Specialties	Required	10/31/2007	10/31/2007
<input type="checkbox"/>	Step 4: Licenses and Certifications	Required	10/31/2007	10/31/2007
<input type="checkbox"/>	Step 5: Mode of Claim Submission	Required	01/10/2008	12/31/2007
<input type="checkbox"/>	Step 6: Associate Billing Agent	Optional	12/04/2007	12/31/2007
<input type="checkbox"/>	Step 7: Ownership Details	Optional	10/31/2007	10/31/2007

Click a Step
hyperlink to
make changes

3. You have the option to either end-date the current information (for example an association with a Billing Provider) or to alter the current information (for example your Mode of Claim Submission).



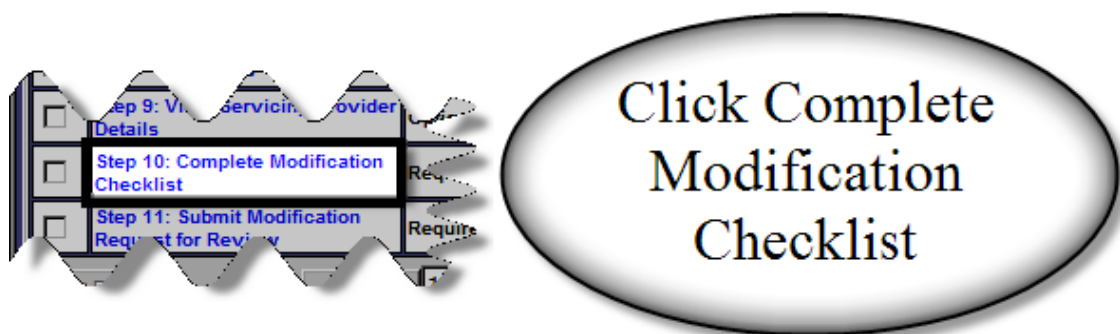
TOPIC D

Submit Modification Request

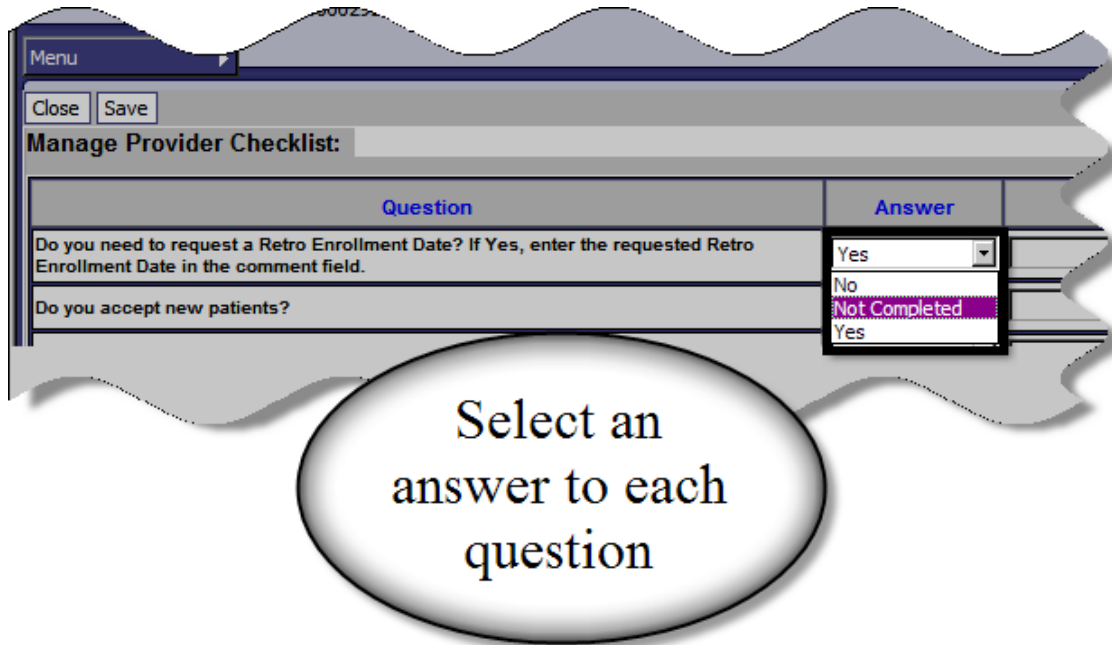
After you have made changes to the information in your Provider Record, you need to submit a modification request to the State for your information to be updated.

NOTE: When your modification request has been submitted to the State, you will only be able to view your Provider Record until those modifications have been approved by the State. You will also be unable to make any additional changes to your Provider Record until those modifications have been approved.

1. Click the Complete Modification Checklist hyperlink.



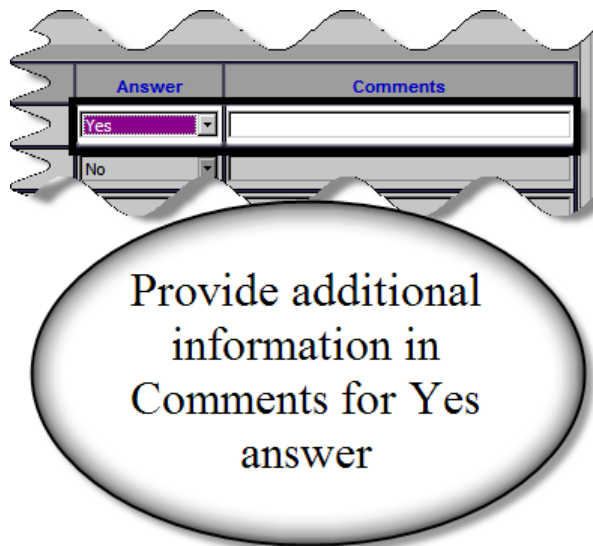
2. You will see the Manage Provider Checklist page with a list of questions. Answer the questions using the drop-down list for each.



Question	Answer
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Yes No Not Completed Yes
Do you accept new patients?	

Select an answer to each question

3. If you answer Yes to the question about “Retro Enrollment Date,” you need to provide additional information in the “Comments” section.



Answer	Comments
Yes	
No	

Provide additional information in Comments for Yes answer

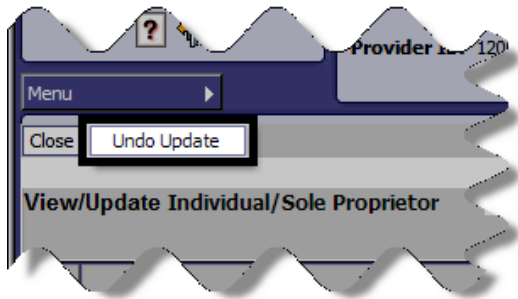


- 4. Click the **Save** button after you have answered each question.
- 5. Click the **Close** button to return to the Business Process Wizard where the Complete Modification Checklist step will be marked Complete.

<input type="checkbox"/>	Step 8: Tax details	Required	10/31/2007	10/31/2007	Complete	
<input type="checkbox"/>	Step 9: View Servicing Provider Details	Optional	10/31/2007	10/31/2007	Complete	
<input checked="" type="checkbox"/>	Step 10: Complete Modification Checklist	Required	01/25/2008	12/17/2007	Complete	Updated
<input type="checkbox"/>	Step 11: Submit Modification Request for Review	Required	10/31/2007	10/31/2007	Incomplete	Must be...

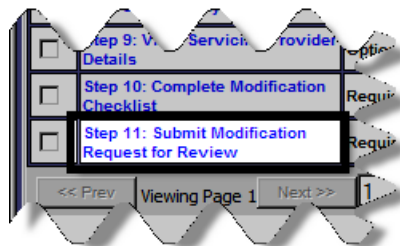
Complete
Modification
Checklist marked
Complete

NOTE: If updates were made in error, you can mark the incorrect update by checking the box to the left of the step and clicking the [Undo Update](#) button. The Modification Status of the marked step will change to a blank field and modifications will be removed.



Click Undo
Update button to
remove changes
made in error

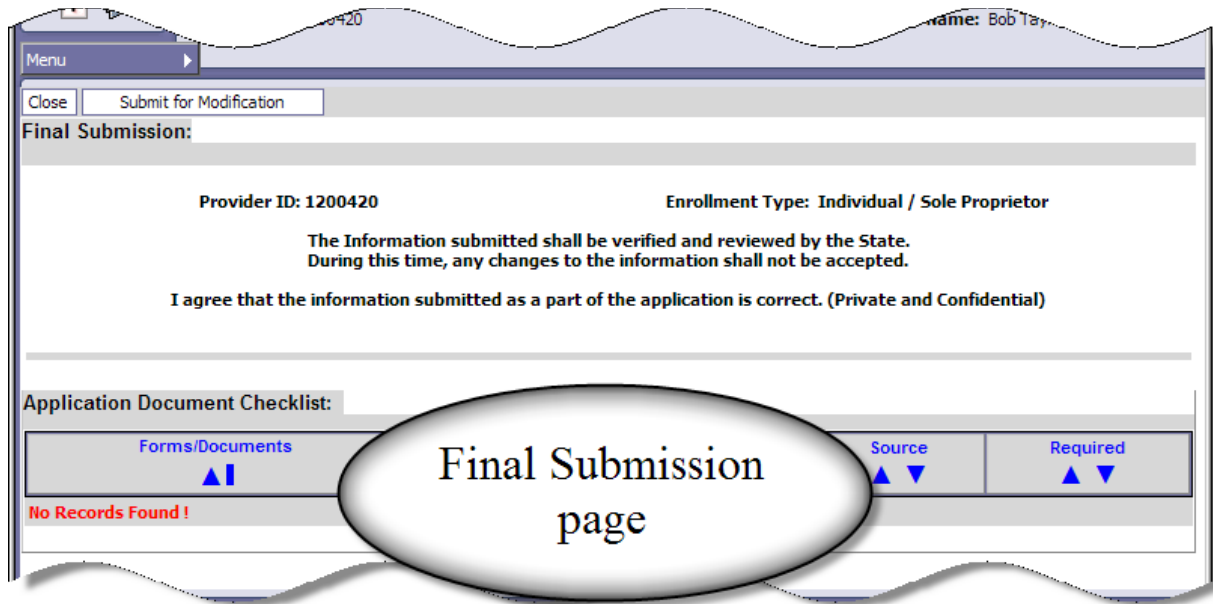
6. Click the Submit Modification Request for Review hyperlink.



Click Submit
Modification
Request for
Review

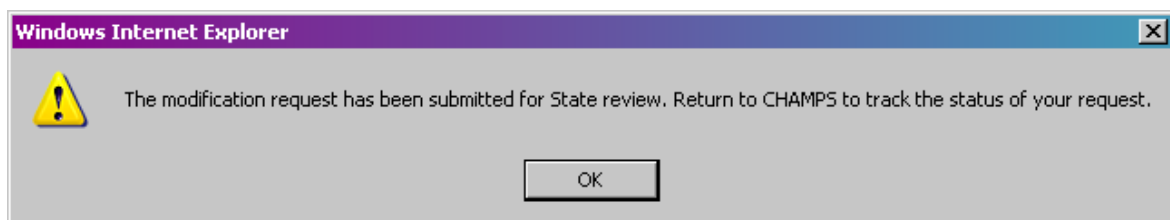


7. You will see the Final Submission page. Click the  button.



Forms/Documents	Source	Required
No Records Found !		

8. You will see a pop-up message indicating your Modification Request was submitted. Click the OK button to close the pop-up window.



9. You will be returned to the Business Process Wizard where you will see the Modification Status updated to In Review and Step 11: Submit Modification Request for Review marked Complete.

<input type="checkbox"/>	Step 8: Tax Details	Required	10/31/2007	10/31/2007	Complete	
<input type="checkbox"/>	Step 9: View Servicing Provider Details	Optional	10/31/2007	10/31/2007	Complete	
<input type="checkbox"/>	Step 10: Complete Modification Checklist	Required	01/25/2008	12/17/2007	Complete	In Review
<input type="checkbox"/>	Step 11: Submit Modification Request for Review	Required	10/31/2007	10/31/2007	Complete	Me been

Step 11: Submit
Modification Request for
Review marked Complete -
In Review status

10. Click the button to return to the Provider Portal.



APPENDIX A – ACRONYMS AND ABBREVIATIONS



APPENDIX A – ACRONYMS AND ABBREVIATIONS

Acronym / Abbreviation	Definition
BPW	Business Process Wizard
CHAMPS	Community Health Automated Medicaid Processing System
DDE	Direct Data Entry
DEG	Data Exchange Gateway
EIN	Employer ID Number
ePHI	Electronic Protected Health Information
FAO	Facility, Agency, Organization
HIPAA	Health Insurance Portability and Accountability Act
ID	Identification
MAIN	Michigan Administrative Information Network
MCO	Managed Care Organization
MDCH	Michigan Department of Community Health
MMIS	Medicaid Management Information System
NPI	National Provider Identifier
PE	Provider Enrollment
PHI	Protected Health Information
P.O.	Post Office
SSN	Social Security Number



Acronym / Abbreviation	Definition
SSO	Single Sign-On
URL	Uniform Resource Locator, Web Address
USPS	United States Postal Service
XLS	Excel Spreadsheet

CHAMPS HOTLINE INFORMATION

Please direct any questions or concerns about CHAMPS to the CHAMPS Hotline.

- Phone – 1-888-643-2408
- E-mail – CHAMPS@michigan.gov



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